

SECTION 4

PHARMACY FEE MAIN MENU

Overview

Following is a brief description of each option contained in the Pharmacy Fee Main Menu.

BATCH MENU - PHARMACY

BATCH DELETE - allows the user who opened a batch, or any user who holds the FBAASUPERVISOR security key, to delete a batch from the system.

CLOSE-OUT BATCH - used to close a Fee Basis batch.

DISPLAY OPEN BATCHES - used to display a list of all Fee Basis batches which have an OPEN status.

EDIT BATCH DATA - used to edit certain portions of Fee Basis batches.

LIST ITEMS IN BATCH - used to view all payment records in the selected batch.

OPEN A PHARMACY BATCH - used to create a Pharmacy batch.

RE-OPEN BATCH - used to reopen a Fee Basis batch which has a batch status of CLOSED.

RELEASE A BATCH - used by the Supervisor to release a Fee Basis batch for payment. This option is locked with the FBAASUPERVISOR key.

STATUS OF BATCH - used to obtain the current status of a Fee Basis batch.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

CLOSEOUT PHARMACY INVOICE - used to assign a Pharmacy invoice to a batch.

COMPLETE PHARMACY INVOICE - used to enter the remaining payment data after the invoice has been reviewed by Pharmacy Service.

DISPLAY PHARMACY INVOICE - used to view all the items in a Pharmacy invoice.

Overview

EDIT PHARMACY INVOICE - used to edit the data on a previously entered Pharmacy invoice.

ENTER PHARMACY INVOICE - used to enter the initial portion of the Pharmacy invoice into the system for payment.

LIST INVOICES PENDING MAS COMPLETION - lists all invoices that have been entered, reviewed by Pharmacy Service and are now awaiting completion by Medical Administration Service.

LIST PHARMACY HISTORY - lists the Fee Basis prescriptions for a selected patient.

PATIENT RE-IMBURSEMENT - used to enter a reimbursement payment to a veteran for prescription services when the veteran has paid the vendor directly.

PHARMACY INVOICE STATUS - used to display the status of a Pharmacy invoice. These include **PENDING PHARMACY DETERMINATION**, **PENDING MAS COMPLETION**, **PENDING PAYMENT PROCESS**, and **COMPLETED**.

POTENTIAL COST RECOVERY REPORT - identifies costs for Fee Basis services which may be able to be recovered. Data is sorted by division, patient, Fee Basis program, vendor, and date.

PRESCRIPTIONS PENDING PHARMACY REVIEW - allows Pharmacy Service to print the prescriptions that are pending review. This will give them the ability to look at the Pharmacy profile and check for prescriptions dispensed by Pharmacy Service.

REVIEW FEE PRESCRIPTION - allows Pharmacy Service to review a Fee Basis prescription and determine whether payment should be based on a generic drug.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

Batch Menu - Pharmacy

Batch Delete

FBAASUPERVISOR Security Key - required to delete batches other than those you opened.

Introduction

This option allows you to delete batches that meet the following criteria:

1. Total Dollars equal to zero
2. Invoice Count equal zero
3. Payment Line Count equal zero
4. Rejects Pending flag not set to "YES"

If the batch does not meet the above criteria, a message is displayed explaining why the selected batch could not be deleted.

Example

```
Select FEE BASIS BATCH NUMBER: 147          C15004

NUMBER: 147                                OBLIGATION NUMBER: C15004
  TYPE: HOMETOWN PHARMACY PAYMENTS          DATE OPENED: OCT 31, 1990
  CLERK WHO OPENED: CHARLENE                STATION NUMBER: 500

STATUS: OPEN

Sure you want to DELETE this batch? No// YES

  Batch Deleted.

Select FEE BASIS BATCH NUMBER:
```

Batch Menu - Pharmacy

Close-out Batch

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR Security Key - allows you to close all types of batches, regardless of who opened them.

Introduction

The Close-out Batch option is used to close batches with an OPEN batch status. You can close only those batches which you opened, unless you hold the FBAASUPERVISOR security key. Before you close any batch, it must have payments recorded in it.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to close Pharmacy batches.

The total payment dollars and total payment line count are automatically calculated. After you use this option, the batch status is CLERK CLOSED, and no further payments may be added to the batch.

Batch Menu - Pharmacy

Close-out Batch

Example

```

Select FEE BASIS BATCH NUMBER: 189          C93999
Want to review batch? NO// YES

Patient Name ('*' Reimbursement to Patient   '+' Cancellation Activity)
              ('#' Voided Payment)                      Batch #  Voucher Date
      Vendor Name                                Vendor ID  Invoice #    Date Rec'd.
RX  DATE    RX #      CLAIMED          PAID    CODE   DRUG NAME
=====
FEEPATIENT,ONE                                000-45-6789          189
FEEVENDOR,ONE                                987987987          148    9/27/93
  5/5/93    75847638    31.00          29.95    I    anymycin

              Invoice #: 148    Totals: $ 29.95

FEEPATIENT,TWO                                000-45-6789          189
FEEVENDOR,TWO                                000000000          168    9/29/93
  9/29/93    123          15.00          12.95    I

              Invoice #: 168    Totals: $ 12.95

Do you still want to close Batch? YES// <RET>

NUMBER: 189                                OBLIGATION NUMBER: C93999
TYPE: HOMETOWN PHARMACY PAYMENTS            DATE OPENED: DEC 16, 1994
CLERK WHO OPENED: MARY ELLEN                STATION NUMBER: 500
TOTAL DOLLARS: 42.90                        INVOICE COUNT: 2
PAYMENT LINE COUNT: 2                       DATE CLERK CLOSED: JAN 9, 1995

STATUS: CLERK CLOSED

Batch Closed

Select FEE BASIS BATCH NUMBER:

```

Batch Menu - Pharmacy

Display Open Batches

Introduction

This option displays a list of all Fee Basis batches (regardless of Fee Basis program) which have a status of OPEN.

Example

Batch #	Type	Dt Open	Clerk Who Opened	Obligation #
25	CH/CNH	05/28/93	JOHN	C33003
26	Pharmacy	05/28/93	MARY	C93004
28	Medical	05/28/93	MARY	C33003
33	Medical	06/02/93	JOHN	C33003
34	CH/CNH	06/03/93	JOHN	C33003
35	Medical	06/08/93	JOHN	C33003

Batch Menu - Pharmacy

Edit Batch data

FBAASUPERVISOR Security Key - required to edit batches opened by other users.

Introduction

The Edit Batch data option is used to edit the obligation number and the date the batch was opened in batches with an OPEN status. You can only edit batches that you opened unless you hold the FBAASUPERVISOR security key.

NOTE: You must be an authorized control point user in IFCAP to change control point and obligation numbers.

If you are a control point user for multiple control points, you will be prompted for a control point prior to an obligation number.

Example

```
Select FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
  1      C90234
  4      C89211
  5      C89211
  10     C90234
  11     C90234
  13     C89622
  14     C89211
  '^' TO STOP: ^

Select FEE BASIS BATCH NUMBER: 1          C90234
Obligation Number:  C90234// <RET>
Do you want to change the Obligation Number? No// Y  YES
Select Obligation Number:  ??

CHOOSE FROM:
  500-C89211  --  1358  Obligated - 1358
                   FCP: 020    $ 4800
  500-C89621  --  1358  Ordered and Obligated
                   FCP: 999    $ 80000
  500-C89622  --  1358  Obligated - 1358
                   FCP: 020    $ 80000
Select Obligation Number:  C89621  500-C89621  --  1358 Ordered and Obligated
                   FCP: 999    $ 80000
NUMBER: 1//  (No Editing)
DATE OPENED: APR 10,1994// T  (JUN 23, 1994)
```

Batch Menu - Pharmacy

List Items in Batch

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Items in Batch option is used to view all payment records in a selected batch. Your name can be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Example

```
Select FEE BASIS BATCH NUMBER: 11          C93004
DEVICE: HOME//    FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
```

```
Patient Name    ('*' Reimbursement to Patient    '+' Cancellation Activity)
                ('#' Voided Payment)                                Batch #  Voucher Date
Vendor Name                                Vendor ID  Invoice #    Date Rec'd.
RX  DATE    RX #      CLAIMED      PAID    CODE  DRUG NAME
=====
FEEPATIENT,ONE                                000-45-6789                11          6/4/94
FEEVENDOR,ONE                                000234234                8          3/12/94
  3/13/94    12312333    25.00      23.00      4    ELAVIL
                Invoice #: 8    Totals: $ 23.00

FEEPATIENT,TWO                                000-45-6789                11          6/4/94
FEEVENDOR,TWO                                000111111                21         4/1/94
  1/4/94     100          50.00      33.00      A    IBUPRO
                Invoice #: 21    Totals: $ 33.00

Select FEE BASIS BATCH NUMBER:
```

Batch Menu - Pharmacy

Open a Pharmacy Batch

When a batch is opened, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Introduction

Fee Basis bills are paid in groups called batches. The Open a Pharmacy Batch option is used to create a new Pharmacy batch. To enter, edit, or delete payment data in these batches, use the appropriate invoice options in the Pharmacy Main Menu.

Example

```

Want to create a Pharmacy Batch? YES// <RET>

Pharmacy Batch number assigned is: 101

    ARE YOU ADDING '101' AS A NEW FEE BASIS BATCH (THE 41ST)? Y  (YES)

Select CONTROL POINT: ?
ANSWER WITH CONTROL POINT NAME NUMBER
CHOOSE FROM:
    20                020 FEE
    999                999 FEE CIVIL HOSP

Select CONTROL POINT: 20  020 FEE
Select Obligation Number: ??

CHOOSE FROM:
    500-C89211  --  1358  Obligated - 1358
                   FCP: 020    $ 4800
    500-C89621  --  1358  Ordered and Obligated
                   FCP: 020    $ 80000
    500-C89622  --  1358  Obligated - 1358
                   FCP: 020    $ 80000
    500-C89699  --  1358  Transaction Complete
                   FCP: 020    $ 30000

Select Obligation Number: 500-C89622      --  1358  Obligated - 1358
                   FCP: 020    $ 80000
  
```

Batch Menu - Pharmacy

Re-open Batch

FBAASUPERVISOR Security Key - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLERK CLOSED. You may wish to reopen a batch to add or delete payment lines or correct an overpayment. Batches that have been released, transmitted, or finalized by a supervisor cannot be reopened. You can reopen only those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen any batch with a CLERK CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who reopened it will then be listed as the person who opened the batch.

NOTE: This option does not change the date opened. If you wish, you may change this information by using the Edit Batch data option.

To reopen a batch, you may enter the batch number or the name of the clerk who opened it at the "Select FEE BASIS BATCH NUMBER:" prompt. The output is automatically generated to your screen, and there is no way to exit the option once the process has started.

Example

```
Select FEE BASIS BATCH NUMBER: 11          123456

NUMBER: 11                                OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS        DATE OPENED: APR 17, 1989
  CLERK WHO OPENED: MARY ELLEN            TOTAL DOLLARS: 161
  INVOICE COUNT: 4                       PAYMENT LINE COUNT: 13
  STATUS: OPEN

Batch has been Re-opened!

Select FEE BASIS BATCH NUMBER:
```

Batch Menu - Pharmacy

Release a Batch

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Pharmacy batches.

Example

```
Select FEE BASIS BATCH NUMBER: 11          123456

NUMBER: 11                                OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS        DATE OPENED: NOV 1, 1990
  CLERK WHO OPENED: BARBARA               STATION NUMBER: 500
  INVOICE COUNT: 3                       TOTAL DOLLARS: 78
  DATE CLERK CLOSED: NOV  6, 1990        PAYMENT LINE COUNT: 4

STATUS: CLERK CLOSED

Want line items listed? NO// y YES
```

Batch Menu - Pharmacy

Release a Batch

Example, cont.

Patient Name ('*' Reimbursement to Patient '+' Cancellation Activity)									
(' #' Voided Payment)									
Vendor Name					Vendor ID		Invoice #		Batch # Voucher Date
RX	DATE	RX #	CLAIMED	PAID	CODE	DRUG NAME	Date Rec'd.		
=====									
FEEPATIENT, ONE					000-45-6789		11		
FEEVENDOR, ONE					000324323B		8		3/12/89
3/13/89		12312333	25.00	23.00	4	ELAVIL			
Invoice #: 8 Totals: \$ 23.00									
FEEPATIENT, ONE					000-45-6789		11		
FEEVENDOR, ONE					000112112		12		4/1/89
* 1/4/89		101	50.00	50.00		HYD			
Invoice #: 12 Totals: \$ 43.00									
FEEPATIENT, TWO					000-45-6789		11		
FEEVENDOR, ONE					000112112		25		3/8/90
3/8/90		FDSAD	10.00	2.00	I	MOTRIN			
FEEPATIENT, THREE					000-45-6789		11		
FEEVENDOR, ONE					000112112		25		3/8/90
1/1/90		DSFASDF	10.00	10.00		MOTRIN			
Invoice #: 25 Totals: \$ 12.00									
Do you want to Release Batch as Correct? NO// y YES									
NUMBER: 11					OBLIGATION NUMBER: 123456				
TYPE: HOMETOWN PHARMACY PAYMENTS					DATE OPENED: NOV 1, 1990				
CLERK WHO OPENED: BARBARA					TOTAL DOLLARS: 78				
SUPERVISOR WHO CERTIFIED: LUCIA					DATE SUPERVISOR CLOSED: NOV 8, 1990				
STATION NUMBER: 500					PAYMENT LINE COUNT: 4				
INVOICE COUNT: 3									
DATE CLERK CLOSED: NOV 6, 1990									
STATUS: SUPERVISOR CLOSED									
Batch has been Released!									

Batch Menu - Pharmacy

Status of Batch

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

Batch Menu - Pharmacy

Status of Batch

Example

```
Select FEE BASIS BATCH NUMBER: 11          123456
DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

NUMBER: 11                                OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS        DATE OPENED: APR 17, 1989
  CLERK WHO OPENED: MARY ELLEN            TOTAL DOLLARS: 161
  INVOICE COUNT: 4                       PAYMENT LINE COUNT: 13

STATUS: OPEN

Select FEE BASIS BATCH NUMBER:
```

Check Display

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```
Select Check Number: 12333091

DEVICE: HOME// <RET>  LAT TERMINAL      RIGHT MARGIN: 80// <RET>

                                PAYMENT HISTORY FOR CHECK # 12333091
                                -----
                                Page: 1

                                FEE PROGRAM:  PHARMACY
('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
  Fill Dt   RX #   Amount      Amount      Susp Batch      Invoice
            Claimed      Paid       Code  Number      Number
=====
VENDOR:  FEEvendor,One                      VENDOR ID:  000112112

Patient:  FEEpatient,One                      Patient ID:  XXX-XX-6789
+ 1/5/06   L12321      15.00          5.00      I    385          584
  >>>Check # 12333091
  >>>Check cancelled on: 1/9/06   Reason:  MIS-SPELLED NAME<<<
      Check WILL NOT be replaced.
```

Closeout Pharmacy Invoice

Introduction

The Closeout Pharmacy Invoice option must be used to assign a batch number to a Pharmacy invoice prior to payment being sent to Austin. Only open batches may be assigned. The invoice must have an invoice status of PENDING PAYMENT PROCESS.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER:  195

Select Batch for this Invoice:  269
  Obligation #: C93033
    ...EXCUSE ME, LET ME PUT YOU ON 'HOLD' FOR A SECOND...

Invoice Closed out!!

Select FEE BASIS PHARMACY INVOICE NUMBER:
```

Complete Pharmacy Invoice

Introduction

The Complete Pharmacy Invoice option is used to enter the remaining payment data for those items within the invoice which required a determination by Pharmacy service. (MAS must enter the remaining data prior to closeout). These items may include the following:

- Red Book cost
- Amount paid
- Amount suspended
- Suspense code (if applicable)

The Red Book is an annual pharmacists' reference containing dosage tables, drug interactions, product information, and available prices.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER:  234

Vendor: FEEVENDOR,ONE      Vendor ID: 000888888
Patient: FEEPATIENT,ONE    Patient ID: 000-45-6789

Drug Name                  RX #    Strength    Qty    Amt Claimed
=====
VALIUM                    987      25MG       30      20
MEDICAID DISPENSING FEE: $3.25// <RET> 3.25

RED BOOK COST:  12.00// <RET>
AMOUNT PAID: 15.25//  <RET>
AMOUNT SUSPENDED: 4.75//  <RET>
SUSPEND CODE:  1      Charge exceeds maximum payable

Invoice is Complete          Totals $15.25

Select FEE BASIS PHARMACY INVOICE NUMBER:
```

Display Pharmacy Invoice

Display now includes disbursed amount, date paid, and cancellation information, when applicable.

Introduction

This option is used to view all the items in a Pharmacy invoice. The amount of data displayed will depend on the status of the invoice and the prescriptions on that invoice.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER: 599

DEVICE: HOME// <RET>  VIRTUAL TERMINAL      RIGHT MARGIN: 80// <RET>

NUMBER: 599
  DATE CORRECT INVOICE RECV'D: NOV 30, 1994
  DATA ENTRY CLERK: MARY ELLEN      VENDOR: FEEVENDOR,ONE
  INVOICE STATUS: PENDING PHARMACY DETERMINATION
  TOTAL AMOUNT CLAIMED: 65           TOTAL AMOUNT PAID: 0
  DATE INVOICE ENTERED: DEC 12, 1994  TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: NOV 25, 1994

PRESCRIPTION NUMBER: 12345           DRUG NAME: VALIUM
  DATE PRESCRIPTION FILLED: NOV 15, 1994
  AMOUNT CLAIMED: 65.00              PATIENT: FEEPATIENT,ONE
  LINE ITEM STATUS: PENDING PHARMACY DETERMINATION
  STRENGTH: 50MG                    QUANTITY: 100
  PAYMENT TYPE CODE: VENDOR          MANUFACTURER: DOW
  PRIMARY SERVICE FACILITY: ALBANY, NY AUTHORIZATION POINTER: 3

Select FEE BASIS PHARMACY INVOICE NUMBER:
```

Edit Pharmacy Invoice

New Prompts:

Vendor Invoice Date: - allows you to enter/edit the vendor's invoice date.

FBAASUPERVISOR Security Key - required to edit payments from batches that have been released by a supervisor.

FBAE ESTABLISH VENDOR Security Key - required to enter a new vendor.

Introduction

The Edit Pharmacy Invoice option is used to edit data from a previously entered Pharmacy invoice. All data contained on the invoice may be edited (with the exception of the invoice number). Payments from batches that have been finalized cannot be edited.

Example

```
Select Invoice #: 38
DATE CORRECT INVOICE RECV'D: SEP 17,1994// <RET>
VENDOR INVOICE DATE: SEP 14,1994// <RET>
VENDOR: FEEVENDOR,ONE// <RET>
INVOICE STATUS: PENDING PAYMENT PROCESS// <RET>
Select PRESCRIPTION NUMBER: 55303    DATE RX FILLED: 05/01/94

PRESCRIPTION NUMBER: 55303// <RET>
DRUG NAME: VALIUM// <RET>
STRENGTH: 5MG// 10MG
QUANTITY: 30// 20
AMOUNT CLAIMED: 21// <RET>
RED BOOK COST: 15// <RET>
AMOUNT PAID: 18.25// <RET>
AMOUNT SUSPENDED: 2.75// <RET>
SUSPEND CODE: 1// I      Payment made for Generic drug
LINE ITEM STATUS: PENDING PAYMENT PROCESS// <RET>

Select Invoice #:
```

Enter Pharmacy Invoice

New Prompts:

Vendor Invoice Date: - allows you to enter the vendor's invoice date.

FBAE ESTABLISH VENDOR - required to enter new vendors.

New insurance information may be uploaded into IB files through this option.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

Introduction

The Enter Pharmacy Invoice option is used to enter Pharmacy invoices into the system for payment. If you are entering a new invoice, the system will automatically assign a new invoice number. If you are continuing with a previously entered invoice, the system will display the line items that have already been entered, if requested. Each invoice is made up of individual prescriptions. The prescription data, including date prescription filled, prescription number, drug name, strength, and quantity is entered separately for each prescription. The invoice is not assigned to a batch in this option but at a later time in the Pharmacy invoice payment process.

At most facilities, both MAS and Pharmacy Service are involved. The system automatically refers the prescription to Pharmacy Service for a determination.

Duplicate entry of prescription numbers filled on the same date for the same vendor will not be allowed. The system will alert you to the duplicate entry.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Enter Pharmacy Invoice

Example

```

Are you sure you want to enter a new invoice? Yes// <RET>

Invoice # assigned is: 599

Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE 000658976 CHAIN #: 101 PHARMACY
      123 MAIN AVE (Awaiting Austin Approval)
      TROY, NY 12180 TEL. #: 518-555-0987

      *** VENDOR DEMOGRAPHICS ***
      ==> AWAITING AUSTIN APPROVAL <==

      Name: FEEVENDOR,ONE ID Number: 000000000
      Address: 123 MAIN AVE Specialty:
      City: TROY Type: PHARMACY
      State: NEW YORK Participation Code: PHARMACY
      ZIP: 12180 Medicare ID Number: 181818
      County: RENSSELAER Chain: 101
      Phone: 518-555-0987
      Fax: 518-555-0900
      Austin Name:
      Last Change Last Change
      TO Austin: 11/21/94 FROM Austin:

Want to edit Vendor data? No// <RET>

Date Correct Invoice Received: 11/30 (NOV 30, 1994)

Vendor Invoice Date: 11/25 (NOV 25, 1994)

```

```

Select Patient: FEEPATIENT,ONE 07-21-50 000456789 NSC
VETERAN

FEEPATIENT,ONE Pt.ID: 000-45-6789
129 BROWNDYKE ROAD DOB: JUL 21,1950
COHOES TEL: 518-555-8911
NEW YORK 12901 CLAIM #: Not on File
COUNTY: COLUMBIA

Primary Elig. Code: NSC -- PENDING VERIFICATION JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

Service Connected: NO
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance Co. Subscriber ID Group Holder Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

```

Enter Pharmacy Invoice

Example, cont.

```
Patient Name: FEEPATIENT,ONE                                Pt.ID: 000-45-6789

AUTHORIZATIONS:
  (1) FR: 08/30/94      VENDOR: FEEVENDOR,ONE      - 000777777
      TO: 09/17/94
          Authorization Type: CIVIL HOSPITAL
      Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED
. HOSP. AT VA EXP.
      DX:
      REF NPI: 111111112      REF: FEEprovider,Two
      County: COLUMBIA      PSA: ALBANY, NY

      REMARKS:
          7078 DEFAULT AUTH SERVIC TEXT
  (2) FR: 11/01/94      VENDOR: FEEVENDOR,ONE - 000658976
      TO: 12/31/94
          Authorization Type: Outpatient - Short Term
      Purpose of Visit: OPT TO OBVIATE THE NEED FOR HOSP. ADMISSION
      DX:
      REF NPI: 111111112      REF: FEEprovider,Two
      County: COLUMBIA      PSA: ALBANY, NY

Enter a number (1-3): 2
```

```
Want to review fee pharmacy payment history? No// <RET>

DATE PRESCRIPTION FILLED: 11/15 (NOV 15, 1994)
Select PRESCRIPTION NUMBER: 12345
  AMOUNT CLAIMED: 65.00
  DRUG NAME: VALIUM
  MANUFACTURER: ROCHE
  STRENGTH: 5MG
  QUANTITY: 100

Prescription referred to Pharmacy Service for determination.

Select Patient: <RET>

Invoice No.: 599 Completed!

Want to enter another Invoice? No// <RET>
```

List Invoices Pending MAS Completion

Introduction

The List Invoices Pending MAS Completion option lists the invoices that have been entered into the system, have had a Pharmacy determination made, and are now awaiting completion by Medical Administration Service. The option then provides the opportunity to complete these invoices. The completion items may include the following:

- Red Book cost
- Amount paid
- Amount suspended
- Suspense code (if applicable)

The Red Book is an annual pharmacists' reference containing dosage tables, drug interactions, product information, and available prices.

Example

```

Pharmacy Invoices Pending MAS Completion

Invoice No: 234 has 1 line items to be completed
Invoice No: 280 has 2 line items to be completed

Want to complete one of them now? Yes//  <RET>

Select FEE BASIS PHARMACY INVOICE NUMBER:  234

Vendor: FEEVENDOR,ONE      Vendor ID: 000888888
Patient: FEEPATIENT,ONE    Patient ID: 000-45-6789

Drug Name          RX #   Strength   Qty   Amt Claimed
=====
VALIUM              987     25MG      30     20

Generic Drug Substituted: DIAZEPAM

MEDICAID DISPENSING FEE: $3.25//  <RET>

RED BOOK COST:  12
AMOUNT PAID: 15.25//  <RET>
AMOUNT SUSPENDED: 4.75//  <RET>
SUSPEND CODE:  1    Charge exceeds maximum payable

Invoice is Complete
Select FEE BASIS PHARMACY INVOICE NUMBER:

```

List Pharmacy History

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Pharmacy History option is used to display or print a list of all the Fee Basis prescriptions for a selected patient. These are listed in reverse chronological order, with the most recent date first. Reimbursements to the patient, voided payments, and cancellation activity are indicated.

Example

Select FEE BASIS PATIENT NAME: FEEPATIENT,ONE				10-18-20	000456789
DEVICE: HOME// <RET>				RIGHT MARGIN: 80// <RET>	
Patient: FEEPATIENT,ONE				SSN: 000456789	DOB: 10/18/20
				('*' Re-imbursement to Patient '+' Cancellation Activity)	
				('#' Voided Payment)	
Vendor Name				ID #	Chain #
Fill Date					
Drug Name				Strength	Quantity
Claimed	Paid	Code	Invoice #	Batch #	Date Certified
=====					
FEEVENDOR,ONE				000000000	
04/01/94					
Rx: 900	LASIX			250MG	30
12.00	10.00	1	352	109	
FEEVENDOR,TWO				000000000	
03/23/94					
Rx: 509	VALIUM			10MG	15
6.00	6.00		352	109	
FEEVENDOR,ONE				000000000	309
12/02/93					
Rx: 321	MEPROBAMATE			400MG	30
13.00	13.00		265	98	01/21/87
FEEVENDOR,ONE				000000000	309
10/01/94					
Rx: 109	CODEINE			50MG	10
20.00	16.00	1	243	89	11/30/86

Patient Re-imbursement

New Prompt:

Vendor Invoice Date: - allows you to enter the vendor's invoice date.

FBAE ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Patient Re-imbursement option is used to enter a reimbursement payment to a veteran for prescription services when the veteran has paid the vendor directly. Prescriptions should routinely be obtained from the VA medical centers and only purchased at local pharmacies in an emergency situation.

Each Pharmacy invoice is made up of individual prescriptions. If you are entering a new invoice, the system will automatically assign a new invoice number. If you are continuing with a previously entered invoice, the system will display the line items that have already been entered, if requested. The invoice is not assigned to a batch in this option but at a later time in the Pharmacy invoice payment process.

At most facilities, both MAS and Pharmacy Service are involved. The system automatically refers the prescription to Pharmacy Service for review.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Patient Re-imbursement

Example

```
Are you sure you want to enter a new invoice? Yes// <RET>

Invoice # assigned is: 600

Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE  000658976  CHAIN #: 101  PHARMACY
      123 MAIN AVE                               (Awaiting Austin Approval)
      TROY, NY  12180      TEL. #:  518-272-0987

***  VENDOR DEMOGRAPHICS  ***
==> AWAITING AUSTIN APPROVAL <==

      Name:  FEEVENDOR,ONE                      ID Number: 000333333
      Address: 123 MAIN AVE                      Specialty:
      City:    TROY                               Type: PHARMACY
      State:   NEW YORK                          Participation Code: PHARMACY
      ZIP:     12180                              Medicare ID Number: 181818
      County:  RENSSELAER                        Chain: 101
      Phone:   518-555-0987
      Fax:     518-555-0900
      Austin Name:
      Last Change
      TO Austin: 11/21/94                        Last Change
                                              FROM Austin:

Want to edit Vendor data? No// <RET>
```

```
Date Correct Invoice Received: 11/30  (NOV 30, 1994)

Vendor Invoice Date:  11/15  (NOV 15, 1994)

Select Patient: FEEPATIENT,ONE
```

Patient Re-imbursement**Example, cont.**

```

FEEPATIENT,ONE                                Pt.ID: 000-45-6789
129 BROWNDYKE ROAD                            DOB: JUL 21,1950
COHOES                                         TEL: 518-261-8911
NEW YORK 12901                                CLAIM #: Not on File
                                                COUNTY: COLUMBIA

Primary Elig. Code: NSC  --  PENDING VERIFICATION  JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

Service Connected: NO
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance Co.      Subscriber ID      Group      Holder  Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

```

```

Patient Name: FEEPATIENT,ONE                    Pt.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 08/30/94      VENDOR: FEEVENDOR,ONE      - 000777777
    TO: 09/17/94
        Authorization Type: CIVIL HOSPITAL
    Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED
. HOSP. AT VA EXP.
        DX:                                REF: FEEprovider,Two
    REF NPI: 1111111112

    County: COLUMBIA                        PSA: ALBANY, NY

    REMARKS:
        7078 DEFAULT AUTH SERVIC TEXT

(2) FR: 11/01/94      VENDOR: FEEVENDOR,ONE      - 000333333
    TO: 12/31/94
        Authorization Type: Outpatient - Short Term
    Purpose of Visit: OPT TO OBVIATE THE NEED FOR HOSP. ADMISSION
        DX:                                REF: FEEprovider,Two
    REF NPI: 1111111112

    County: COLUMBIA                        PSA: ALBANY, NY

Enter a number (1-3): 2

```

Patient Re-imbursement

Example, cont.

Patient:	FEEPATIENT,ONE
Address Line 1:	129 BROWNDYKE ROAD
City:	COHOES
State:	NEW YORK
Zip:	12901
County:	COLUMBIA

Want to edit Address data? No// <RET>

Want to review fee pharmacy payment history? No// <RET>

DATE PRESCRIPTION FILLED: 11/1 (NOV 01, 1994)

Select PRESCRIPTION NUMBER: 10191

AMOUNT CLAIMED:	40.00
DRUG NAME:	valium
MANUFACTURER:	Roche
STRENGTH:	5mg
QUANTITY:	50

Prescription referred to Pharmacy Service for determination.

Select Patient: <RET>

Invoice No.: 600 Completed!

Want to enter another Invoice? No//

Pharmacy Invoice Status

Introduction

This option is used to display the status of a pharmacy invoice. The status of the invoice will depend on the status of the prescriptions in that invoice. For example, if an invoice contained four prescriptions, three of which have been reviewed by Pharmacy Service, and one which is awaiting review, the status of the entire invoice would be PENDING PHARMACY DETERMINATION. Following are the four Pharmacy invoice statuses:

- PENDING PHARMACY DETERMINATION - all prescription data necessary for Pharmacy Service to review has been entered into the system.
- PENDING MAS COMPLETION - reviewed by Pharmacy Service including a determination as to whether or not the prescription was for an authorized condition, whether it was emergent, and whether payment should be based on the generic drug price. MAS now needs to complete the Red Book cost, amount paid, amount suspended, etc.
- PENDING PAYMENT PROCESS - waiting to be assigned to a Pharmacy Fee Basis batch.
- COMPLETED - The invoice has been assigned to a batch.

Example

```

Select FEE BASIS PHARMACY INVOICE NUMBER:    14

NUMBER: 14
  DATE CORRECT INVOICE RECV'D: MAY 28, 1993
  DATA ENTRY CLERK: JOHN                      VENDOR: FEEVENDOR,TWO
  INVOICE STATUS: PENDING MAS COMPLETION
  TOTAL AMOUNT CLAIMED: 1                      TOTAL AMOUNT PAID: 0
  DATE INVOICE ENTERED: MAY 28, 1993          TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: MAY 26, 1993

Select FEE BASIS PHARMACY INVOICE NUMBER:    15

NUMBER: 15
  DATE CORRECT INVOICE RECV'D: MAY 28, 1993
  DATA ENTRY CLERK: MARTIN                    VENDOR: FEEVENDOR,TWO
  INVOICE STATUS: COMPLETED                   TOTAL AMOUNT CLAIMED: 1
  TOTAL AMOUNT PAID: 1                        DATE INVOICE ENTERED: MAY 28, 1993
  TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: MAY 26, 1993

Select FEE BASIS PHARMACY INVOICE NUMBER:

```

Potential Cost Recovery Report

Introduction

The Potential Cost Recovery option is intended to identify costs for Fee Basis services which may be able to be recovered for selected Primary Service Areas (PSA[s]) for a specified time period. You may select up to twenty PSAs per report.

Example

```
Select Primary Service Facility: ALL// <RET>

Include (P)atient Co-pays / (I)nsurance / (B)oth: Both// <RET>

Include (M)eans Test Co-pays /(L)TC Co-pays /(B)oth: Both// <RET>

Do you want to include patients whose insurance status is unavailable? YES// <RET>

**** Date Range Selection ****

Beginning DATE : 060194 (JUN 01, 1994)

Ending DATE : T (JUL 20, 1994)

QUEUE TO PRINT ON
DEVICE: HOME// PHARMACY PRINTER RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
```

```
POTENTIAL COST RECOVERY REPORT
Division: 623 MUSKOGEE, OK
NPI: XXXXXXXXXX
06/01/94 - 07/20/94
Page: 1
Patient: FEEPATIENT,ONE Patient ID: 000-45-6789 DOB: Dec 12, 1914

(' ' Represents Reimbursement to Patient '#' Represents Voided Payment)
=====

Health Insurance: YES
Insurance COB Subscriber ID Group Holder Effective Expires
=====
BLUE CROSS s 12345 SELF 1/1/94 12/31/94

FEE PROGRAM: OUTPATIENT

Svc Date CPT-MOD Travel Paid Units Paid Batch No. Inv No. Voucher Date
Amt Claimed Amt Paid Adj Code Adj Amounts Remit Remark Patient Account No
=====

Vendor: FEEVENDOR,ONE Vendor ID: 000000000
Fee Basis Billing Provider NPI: 1234567899
4/18/94 11001 00004 2 7/20/94
99.95 90.00 1
Primary Dx: DICALC PHOS CRYST-H (712.14) S/C Condition? NO Obl.#: C89211
>>> Cost recover from insurance.
```

Prescriptions Pending Pharmacy Review

Introduction

The Prescriptions Pending Pharmacy Review option will allow Pharmacy to view/print the prescriptions that are pending review. This will give them the ability to look at the Pharmacy profile and check for prescriptions dispensed by Pharmacy Service.

Example

DEVICE: <RET> Decnet RIGHT MARGIN: 80// <RET>			
PRESCRIPTIONS PENDING PHARMACY REVIEW		JUL 20,1993 17:47	PAGE 1
INVOICE #	VENDOR	VENDOR ID	
DRUG NAME		STRENGTH	QUANTITY

PATIENT: FEEPATIENT,ONE			
Pt.ID: 000-45-6789			
50	FEEVENDOR,ONE		000-00-0000
Date Filled: JUL 13,1993		RX #: 346056	
IBUPROFEN		350MG	30
PATIENT: FEEPATIENT,ONE			
Pt.ID: 000-45-6789			
50	FEEVENDOR,TWO		000-00-0000
Date Filled: JUL 13,1993		RX #: 4596056	
NAMBUTEROL		500MG	20

Review Fee Prescription

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Review Fee Prescription option allows review of a fee basis prescription by Pharmacy Service. This review is to determine if the prescription was for a service-connected disability, if it was required in an emergent situation, and whether or not payment should be based on the generic drug price. The review is usually made by a pharmacist. If the drug was not prescribed for an authorized condition in an emergent situation, it will be disapproved for payment, and the vendor will be notified through a suspension letter.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

It should be noted that if the VA generic drug equivalent is not entered when reviewing a prescription, the system will act as if that prescription has not been reviewed. The prescription will remain in a PENDING PHARMACY DETERMINATION status.

Example

```
...HMMM, I'M WORKING AS FAST AS I CAN...

There are 2 Fee Prescription(s) Pending Pharmacy review

Want to review some now? Yes//  <RET>
Select FEE BASIS PHARMACY INVOICE NUMBER:  199

FEEPATIENT,ONE                Pt.ID: 000-45-6789
2233 LOOKOUT RD              DOB: JUN 12,1955
TACOMA                       TEL: Not on File
WASHINGTON 98493            CLAIM #: 0000000
                              COUNTY: THURSTON

Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  MAY 14, 1993
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
```

Review Fee Prescription**Example, cont.**

```

      SC Percent: 100%
Rated Disabilities: PSYCHOSIS (50%-SC)
                   SEIZURE DISORDER (40%-SC)
                   ARTERIOSCLEROSIS (30%-SC)
                   TINNITUS (0%-SC)

Health Insurance: NO
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

```

```

Fee ID Card #: 777777              Fee Card Issue Date: 11/15/92

Patient Name: FEEPATIENT,ONE      Pt.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 07/01/93      VENDOR: FEEVENDOR,ONE - 000447788
    TO: 07/15/94
      Authorization Type: CONTRACT NURSING HOME
      Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
      DX:                REF: FEEprovider,Two
      REF NPI: 1111111112

      County: THURSTON          PSA: TACOMA (AMERICAN LAKE), WA

      REMARKS:

Want to review fee pharmacy payment history? No// <RET>
-----

Vendor: FEEVENDOR,ONE

Prescription #: 346056      Drug: IBUPROFEN

Fill Date: 07/13/93      Strength: 350MG Qty: 30
Is Prescription for an Authorized Condition? Yes// <RET>
Was a Generic Drug issued to patient? Yes// <RET>
Enter VA Generic Drug equivalent: diazepam
  1 DIAZEPAM 10MG S.T.
  2 DIAZEPAM 10MG SYRINGE          10-24-82
  3 DIAZEPAM 2MG S.T.
  4 DIAZEPAM 5MG TAB
  5 DIAZEPAM 5MG/ML 10ML MDV      N/F
TYPE '^' TO STOP, OR
CHOOSE 1-5: 4
Is this an emergency medication? Yes// <RET>

```

Review Fee Prescription

Example, cont.

Optional Pharmacy Remarks: **MEDICATION LOST IN MAIL**

>>> PRESCRIPTION REVIEW <<<

Rx for Authorized condition: Yes

Emergency Medication: Yes

Generic Drug Issued: Yes

Generic Drug Name: DIAZEPAM

Optional Pharmacy Remarks: MEDICATION LOST IN MAIL

Want to edit prior to release? No// **<RET>**

Want to review another Prescription? Yes// **NO**

Vendor Payments Output

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Vendor: FEEvendor,One      000000000  CHAIN #: 044  PHARMACY
                2300 RET 146
                GUILDERLAND, NY  12424      TEL. #:  518-555-1234
```

```
**** Date Range Selection ****
```

```
Beginning DATE : 1/1/06  (JAN 1, 2006)
```

```
Ending      DATE : T  (FEB 28, 2006)
```

```
Select FEE Program: ALL//  PHARMACY
```

```
Select another FEE Program: <RET>
```

```
DEVICE: HOME// <RET>  Decnet      RIGHT MARGIN: 80// <RET>
```

```

                                VENDOR PAYMENT HISTORY
                                =====
Vendor: FEEvendor,One           Vendor ID: 000000000      Chain #: 044
                                FEE PROGRAM: PHARMACY
('' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
Fill Date
Drug Name          Strength      Quantity
Claimed   Paid    Code Invoice #  Batch #      Date Certified
=====
Patient: FEEpatient,One        Patient ID: XXX-XX-6789 DOB: 2/22/33
12/13/06
Rx: 929292  VALIUM              5mg              30
   90.00    2.95  1    312              196          1/4/07
   >>>Check # 11887576  Date Paid:  1/20/06<<<

Press RETURN to continue or '^' to exit:
```

Vendor Payments Output

Example, cont.

VENDOR PAYMENT HISTORY										Page: 2
=====										
Vendor: FEEVENDOR, ONE					Vendor ID: 000000000			Chain #: 044		
FEE PROGRAM: PHARMACY										
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)										
Fill Date										
Drug Name										
Strength										
Quantity										
Claimed Paid Code Invoice # Batch # Date Certified										
=====										
Patient: FEEpatient,One					Patient ID: XXX-XX-6789 DOB: 5/12/51					
12/28/06										
Rx: 4596056 NAMBUTEROL 500MG 20										
12.35 8.95 1 50 52 9/16/06										
>>>Check # 19889988 Date Paid: 2/12/06<<<										
Select Fee Vendor:										

Veteran Payments Output

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
Select Fee Patient: FEEpatient,One      02-22-22      000456789      SC VETERAN

**** Date Range Selection ****

    Beginning DATE : 11/1/06  (NOV 1, 2006)

    Ending    DATE : T  (JAN 09, 2007)

Select FEE Program: ALL// PHARMACY
Select another FEE Program: <RET>

DEVICE: HOME// FEE BASIS PRINTER      RIGHT MARGIN: 80// <RET>
```

Veteran Payments Output

Example, cont.

VETERAN PAYMENT HISTORY									
=====									
								Page: 1	
Patient: FEEpatient,One					Patient ID: XXX-XX-6789 DOB: 2/22/33				
FEE PROGRAM: PHARMACY									
('' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)									
Fill Date									
		Drug Name		Strength		Quantity			
Claimed	Paid	Code	Invoice #	Batch #	Date Certified				
=====									
Vendor:FEEVENDOR, ONE					Vendor ID: 00000000		Chain #: 043		
11/16/06									
Rx: K2345	VALIUM		325		5mg		30		
90.00	2.95	1	182						
>>>Check # 11887576					Date Paid: 12/20/06<<<				
>>>Check cancelled on: 1/3/07					Reason: WRONG PAYEE<<<				
Check WILL be re-issued.									
Vendor:FEEVENDOR, ONE					Vendor ID: 00000000		Chain #: 044		
11/15/06									
Rx: 929292	VALIUM		496		5mg		30		
90.00	2.95	1	182	1/4/07					
>>>Check # 18765890					Date Paid: 1/4/07<<<				
Select Fee Patient:									

SECTION 5

TELEPHONE INQUIRY MENU

Overview

Following is a brief description of each option contained in the Telephone Inquiry Menu.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

PAYMENT LISTING FOR VENDOR/VETERAN - allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected vendor and patient, regardless of Fee Program.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

Telephone Inquiry Menu

Check Display

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent on the Fee Basis program you are using.

Example

```
Select Check Number: 69243230

DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

                                PAYMENT HISTORY FOR CHECK # 69243230
                                -----
                                                                Page: 1

                                FEE PROGRAM:  OUTPATIENT
('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
  Svc Date  CPT-    Amount    Amount    Susp  Batch    Invoice
           MOD    Claimed    Paid      Code  Number    Number
=====
VENDOR:  FEEvendor,One                VENDOR ID:  000000000

Patient:  FEEpatient,One                Patient ID:  XXX-XX-6789
  4/1/06    10020        5.00        5.00        363        541
    >>>Check # 69243230  Date Paid:  8/29/06<<<

Press RETURN to continue or '^' to exit:
```

Telephone Inquiry Menu

Payment Listing for Vendor/Veteran

NEW OPTION

FBAE ESTABLISH VENDOR - required to edit existing vendors when using the DISPLAY VENDOR action in this option.

When viewing outpatient payments through the DISPLAY AUTH/7078/583 action, a YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through the DISPLAY AUTH/7078/583 action in this option.

Introduction

The Payment Listing for Vendor/Veteran option allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected vendor and patient, regardless of Fee Program.

A variety of actions are displayed at the bottom of the screen which allow you to view more detailed, specific types of information about a selected payment, or change the patient or vendor without exiting the option. A plus sign (+) at the bottom of the screen (just above the actions) indicates there are additional screens. A double question mark entered at the Select Action prompt will list all available actions for this option.

For further information about using the List Manager, please refer to the List Manager Appendix at the end of this manual.

Telephone Inquiry Menu

Payment Listing for Vendor/Veteran

Example

Select FEE BASIS VENDOR: **FEEVENDOR,ONE** 000000000 NON-VA HOSPITAL
TROY, NY 12190

Payments for veteran: **FEEPATIENT,ONE**

PAYMENT HISTORY			Nov 18, 1994 13:43:19			Page: 1 of 2		
VENDOR: FEEVENDOR,ONE			Patient Name: FEEPATIENT,ONE					
ID: 000000000			SSN: 000-45-6789					
'*' Reimb. to Patient			'+' Cancel. Activity			#' Voided Payment		
SERVICE DATES		SERVICE	AMT CL	AMT PD	CODE	INV	BATCH	
1+	09/05/94	CPT: 12018	5.00	5.00		556	369	
>>>Check cancelled on: 10/3/94 Reason: WRONG PAYEE<<< Check WILL be re-issued.								
2+	09/02/94	CPT: 99243-77	11.00	2.00 D		555	369	
>>>Check # 11887576 Date Paid: 10/20/94<<< >>>Amount paid altered to \$ 3.00 on the Fee Payment Voucher document.<<<								
3	09/02/94	CPT: 10020	15.00	5.00 1		555	369	
>>>Check # 91060810 Date Paid: 10/3/94<<<								
4	09/02/94	CPT: 10000	10.00	10.00		555	369	
>>>Check # 37776200 Date Paid: 10/3/94<<<								
5	08/30/94 - 09/17/94		100.23	100.00		554	368	
6	05/01/94	CPT: 90010-76	20.00	20.00		566	377	
+ Enter ?? for more actions								
BS	BATCH STATUS	EV	EXPAND VIEW	DV	DISPLAY VENDOR			
LB	LIST BATCH	CP	CHANGE PATIENT	DC	DISPLAY CHECK			
ID	INVOICE DISPLAY	CV	CHANGE VENDOR					
LC	LOOKUP CPT/MODIFIER	DA	DISPLAY AUTH/7078/583					
Select Action:Next Screen// + +								

PAYMENT HISTORY			Nov 18, 1994 13:44:27			Page: 2 of 2		
VENDOR: FEEVENDOR,ONE			Patient Name: FEEPATIENT,ONE					
ID: 0000000000			SSN: 000-45-6789					
'*' Reimb. to Patient			'+' Cancel. Activity			#' Voided Payment		
+	SERVICE DATES	SERVICE	AMT CL	AMT PD	CODE	INV	BATCH	
7	08/30/94 - 09/17/94		1.00	1.00		559	368	
Enter ?? for more actions								
BS	BATCH STATUS		EV	EXPAND VIEW		DV	DISPLAY VENDOR	
LB	LIST BATCH		CP	CHANGE PATIENT		DC	DISPLAY CHECK	
ID	INVOICE DISPLAY		CV	CHANGE VENDOR				
LC	LOOKUP CPT/MODIFIER		DA	DISPLAY AUTH/7078/583				
Select Action:Quit// BS=7								

Telephone Inquiry Menu

Payment Listing for Vendor/Veteran

Example, cont.

NUMBER: 368	OBLIGATION NUMBER: C35001
TYPE: CH/CNH	DATE OPENED: SEP 27, 1994
CLERK WHO OPENED: BARBARA	STATION NUMBER: 500
INVOICE COUNT: 3	PAYMENT LINE COUNT: 3
CONTRACT HOSPITAL BATCH: yes	BATCH EXEMPT: YES

STATUS: OPEN

Press 'ENTER' to return to list: <RET>

PAYMENT HISTORY				Nov 18, 1994 13:44:27				Page: 2 of 2			
VENDOR: FEEVENDOR,ONE				Patient Name: FEEPATIENT,ONE							
ID: 0000000000				SSN: 000-45-6789							
'*' Reimb. to Patient				'+' Cancel. Activity				'#' Voided Payment			
+	SERVICE DATES		SERVICE	AMT CL		AMT PD	CODE	INV	BATCH		
7	08/30/94 - 09/17/94			1.00		1.00		559	368		

Telephone Inquiry Menu

Payment Listing for Vendor/Veteran

Example, cont.

PAYMENT HISTORY			Nov 18, 1994 13:43:19			Page: 1 of 2	
VENDOR: FEEVENDOR,ONE			Patient Name: FEEPATIENT,ONE				
ID: 000000000			SSN: 000-45-6789				
'*' Reimb. to Patient		+' Cancel. Activity		#' Voided Payment			
SERVICE DATES	SERVICE	AMT CL	AMT PD	CODE	INV	BATCH	
1+ 09/05/94	CPT: 12018	5.00	5.00		556	369	
>>>Check cancelled on: 10/3/94 Reason: WRONG PAYEE<<< Check WILL be re-issued.							
2+ 09/02/94	CPT: 99243-77	11.00	2.00 D		555	369	
>>>Check # 11887576 Date Paid: 10/20/94<<< >>>Amount paid altered to \$ 3.00 on the Fee Payment Voucher document.<<<							
3 09/02/94	CPT: 10020	15.00	5.00 1		555	369	
>>>Check # 91060810 Date Paid: 10/3/94<<<							
4 09/02/94	CPT: 10000	10.00	10.00		555	369	
>>>Check # 37776200 Date Paid: 10/3/94<<<							
5 08/30/94 - 09/17/94		100.23	100.00		554	368	
6 05/01/94	CPT: 90010-76	20.00	20.00		566	377	
+ Enter ?? for more actions							
BS BATCH STATUS		EV EXPAND VIEW		DV DISPLAY VENDOR			
LB LIST BATCH		CP CHANGE PATIENT		DC DISPLAY CHECK			
ID INVOICE DISPLAY		CV CHANGE VENDOR					
LC LOOKUP CPT/MODIFIER		DA DISPLAY AUTH/7078/583					
Select Action:Quit// DA=6 DISPLAY AUTH/7078/583							

FEEPATIENT,ONE	Pt.ID: 000-45-6789
20 TOPSVILLE ROAD	DOB: MAY 12,1950
SCHENECTADY	TEL: 518-239-4567
NEW YORK 12305	CLAIM #: Not on File
	COUNTY: SCHENECTADY

Primary Elig. Code: SERVICE CONNECTED 50% to 100% -- VERIFIED JUL 28, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC Percent: 73%
Rated Disabilities: LOSS OF ARM (73%-SC)

Health Insurance: YES

Insurance Co.	Subscriber ID	Group	Holder	Effective	Expires
---------------	---------------	-------	--------	-----------	---------

=====

AETNA	444-555	OTHER
-------	---------	-------

Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

Telephone Inquiry Menu

Payment Listing for Vendor/Veteran

Example, cont.

```

Fee ID Card #: 56556                      Fee Card Issue Date: 05/19/90
Patient Name: FEEPATIENT,ONE              Pt.ID: 000-45-6789

AUTHORIZATIONS:
  (1) FR: 05/19/93      VENDOR: Not Specified
      TO: 05/19/94
      Authorization Type: Outpatient - ID Card
      Purpose of Visit: OPT - SC 50% OR MORE
      DX: SICK           REF: FEEprovider,Two
      REF NPI: 111111112

      County: SCHENECTADY      PSA: Unknown

Press 'ENTER' to return to list: <RET>

```

```

PAYMENT HISTORY                      Nov 18, 1994 13:43:19          Page: 1 of 2
VENDOR: FEEVENDOR,ONE              Patient Name: FEEPATIENT,ONE
ID: 000000000                      SSN: 000-45-6789
'*' Reimb. to Patient      '+' Cancel. Activity      '#' Voided Payment
SERVICE DATES      SERVICE      AMT CL      AMT PD      CODE      INV      BATCH
1+  09/05/94          CPT: 12018          5.00          5.00          D          556      369
    >>>Check cancelled on: 10/3/94      Reason:  WRONG PAYEE<<<
    Check WILL be re-issued.
2+  09/02/94          CPT: 99243-77      11.00          2.00          D          555      369
    >>>Check # 11887576      Date Paid: 10/20/94<<<
    >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<
3   09/02/94          CPT: 10020          15.00          5.00          1          555      369
    >>>Check # 91060810      Date Paid: 10/3/94<<<
4   09/02/94          CPT: 10000          10.00          10.00          1          555      369
    >>>Check # 37776200      Date Paid: 10/3/94<<<
5   08/30/94 - 09/17/94          100.23          100.00          1          554      368
6   05/01/94          CPT: 90010-76      20.00          20.00          1          566      377
+      Enter ?? for more actions
BS  BATCH STATUS          EV  EXPAND VIEW          DV  DISPLAY VENDOR
LB  LIST BATCH            CP  CHANGE PATIENT        DC  DISPLAY CHECK
ID  INVOICE DISPLAY        CV  CHANGE VENDOR
LC  LOOKUP CPT/MODIFIER    DA  DISPLAY AUTH/7078/583
Select Action:Next Screen//QUIT

```

Telephone Inquiry Menu

Vendor Payments Output

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
Select Fee Basis Vendor: FEEvendor,One      000000000  FEEvendor,One
                        31 BURDETT AVENUE
                        TROY, NEW YORK 12180-0123
                        TEL. #: 518-555-2000

**** Date Range Selection ****

Beginning DATE : 6/24 (JUN 24, 2006)

Ending DATE : 6/24 (JUN 24, 2006)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// FEE BASIS PRINTER      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET> (NO)
```

```

                                VENDOR PAYMENT HISTORY
                                =====
Vendor: FEEvendor,One          Vendor ID: 00000000    Page: 1
                                FEE PROGRAM: OUTPATIENT
                                ('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
Svc Date CPT Code      Amount      Amount      Susp      Batch Invoice Voucher
                        Claimed      Paid      Code      Num      Num      Date
=====
Patient: FEEpatient,One      Patient ID: XXX-XX-6789
07/09/05  90050(C&P)  25.00      25.00      00037      43
Primary Dx: NEUROTIC DEPRESSION S/C Condition? - Obl.#: C89211
07/07/05  90050(C&P)  25.00      25.00      00037      43
Primary Dx: NEUROTIC DEPRESSION S/C Condition? - Obl.#: C89211
```

Telephone Inquiry Menu

Veteran Payments Output

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
Select Outputs for Unauthorized Claims Option: VETERAN Payments Output
Select Fee Basis Patient: FEEpatient,One    12-25-45    000456789    SC VETERAN
**** Date Range Selection ****

Beginning DATE : 062406    (JUN 24, 2006)

Ending    DATE : 062406    (JUN 24, 2006)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>    (NO)
```

```

                                VETERAN PAYMENT HISTORY
                                =====
Patient: FEEpatient,One                Patient ID: XXX-XX-6789
                                FEE PROGRAM: OUTPATIENT
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
Svc Date CPT Code    Amount    Amount    Susp    Batch Invoice Voucher
                   Claimed    Paid    Code    Num    Num    Date
=====
Vendor: FEEvendor,One                Vendor ID: 00000000
07/09/06  90050(C&P)  25.00    25.00    00037    43
Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -    Obl.#: C89211
07/07/06  90050(C&P)  25.00    25.00    00037    43
Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -    Obl.#: C89211
07/05/06  90050(C&P)  25.00    25.00    00037    43
Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -    Obl.#: C89211
```


SECTION 6

UNAUTHORIZED CLAIM MAIN MENU

Overview

Following is a brief description of each option contained in the Unauthorized Claim Main Menu.

ENTER/EDIT UNAUTHORIZED CLAIM MAIN MENU

The following applies to all options on this menu. For quick access when selecting a claim, enter one of the following:

- p.patient name - to select a patient
- v.vendor name - to select a vendor
- o.other party name - to select an other party

To see the entries in any particular file, type <Prefix.?.>. If you simply enter a name, the system will search each of the following files: FEE BASIS PATIENT (#161), FEE BASIS VENDOR (#161.2), and NEW PERSON (#200) for the name you have entered. You can speed processing by using the following syntax to select an entry:

<Prefix>.<entry name>
<Message>.<entry name>
<File Name>.<entry name>

ENTER UNAUTHORIZED CLAIM - used to enter a new unauthorized claim. A claim is considered complete when a VA Form 10-583 and all required documentation has been received in order to determine legal and medical entitlement.

MODIFY UNAUTHORIZED CLAIM - used to edit an unauthorized claim. Only claims which were never dispositioned may be edited.

DISPOSITION UNAUTHORIZED CLAIM - used to disposition an unauthorized claim. Only a user who holds the FBAASUPERVISOR security key may change the disposition.

RE-OPEN UNAUTHORIZED CLAIM - used to reopen a claim which has been dispositioned. Selection is limited to claims with a status of DISPOSITIONED. (Refer to Appendix B for more information about statuses.)

Overview

INITIATE APPEAL FOR UNAUTHORIZED CLAIM - used to initiate an appeal to the Board of Veterans Appeals (BVA). Selection of claims is limited to those claims which have a status of **DISPOSITIONED**. (Refer to Appendix B for more information about statuses.)

APPEAL EDIT FOR UNAUTHORIZED CLAIM - used to edit a claim which has been appealed to the Board of Veterans Appeals (BVA). Selection of claims is limited to those which have a status of **APPEAL/NOTICE OF DISAGREE RECV**, **APPEAL/ISSUED STATEMENT OF CASE**, **APPEAL COMPLETE/PENDING REVIEW** or **APPEAL DISPOSITIONED**. (Refer to Appendix B for more information about statuses.)

COVA APPEAL ENTER/EDIT - used to enter or edit an appeal to the Court of Veterans Affairs (COVA). Selection of claims is limited to those claims which have a status of **APPEAL DISPOSITIONED**, **COVA APPEAL** or **COVA DISPOSITION**.

REQUEST INFORMATION ON UNAUTHORIZED CLAIM - used to request information on an unauthorized claim. Selection of claims is limited to those claims which have a status of **INCOMPLETE UNAUTHORIZED CLAIM**, **PENDING - REASON UNKNOWN**, **COMPLETE/PENDING REVIEW**, **APPEAL/NOTICE OF DISAGREE RECV** or **APPEAL/ISSUED STATEMENT OF CASE**. (Refer to Appendix B for more information about statuses.)

RECEIVE REQUESTED INFORMATION - used to receive information which was requested for a claim. Selection of claims is limited to those claims which have a status of **INCOMPLETE UNAUTHORIZED CLAIM**, **APPEAL/NOTICE OF DISAGREE RECV** or **APPEAL/ISSUED STATEMENT OF CASE**. (Refer to Appendix B for more information about statuses.)

LETTERS FOR UNAUTHORIZED CLAIM

UPDATE DATE LETTER SENT - used if you are not generating your letters. It will update the date the letter was sent.

BATCH PRINT LETTERS - batches print letters which have been flagged for printing, but for some reason could not be printed.

REPRINT LETTER(S) - allows you to reprint letters which were already printed, provided that the current status of the unauthorized claim involves a letter. (Refer to Appendix B for more information about statuses.)

Overview

PAYMENTS FOR UNAUTHORIZED CLAIMS - used to enter payments for an unauthorized claim which has been dispositioned to APPROVED or APPROVED TO STABILIZATION.

OUTPUTS FOR UNAUTHORIZED CLAIMS

ALL CLAIMS BY VENDOR/VETERAN/OTHER - allows the user to display/print all unauthorized claims for a single vendor, veteran, or other party.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

DISPLAY UNAUTHORIZED CLAIM - used to display an unauthorized claim. You can select the claim by vendor, veteran, other party name, or the claim which you would like to view.

DISPOSITION/STATUS STATISTICS DISPLAY/PRINT - provides a statistical report on unauthorized claims within a selected date range.

EXPIRATION DISPLAY/PRINT - displays/prints those unauthorized claims which will expire within the selected time frame.

STATUS DISPLAY/PRINT OF UNAUTHORIZED CLAIMS - displays/prints unauthorized claims by PSA and status. You have the option to sort by either vendor or veteran for the primary sort.

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL - generates an output report to display the unauthorized claims payments for Civil Hospital for a user selected date range.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

DISPLAY UNAUTHORIZED CLAIM - used to display an unauthorized claim. You can select the claim by vendor, veteran, other party name, or the claim which you would like to view.

Overview

UTILITIES FOR UNAUTHORIZED CLAIMS

VENDOR ENTER/EDIT - used to enter/edit vendor demographics.

ADD NEW PERSON FOR UNAUTHORIZED CLAIM - allows entry to the NEW PERSON file (#200).

ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY - used when you wish to associate unauthorized claims to a primary claim.

DISASSOCIATE AN UNAUTHORIZED CLAIM - allows you to disassociate an unauthorized claim which has been associated to others.

DELETE UNAUTHORIZED CLAIM - deletes unauthorized claims which have not been dispositioned.

RETURN ADDRESS DISPLAY/EDIT - displays the return address which will appear on an Unauthorized Claim letter, if letterhead is not used. You can also edit the return address using this option.

Enter/Edit Unauthorized Claim Menu

Enter Unauthorized Claim

Introduction

This option is used to enter an unauthorized claim for payment of unauthorized inpatient charges. An unauthorized claim is one where an eligible veteran has received inpatient treatment from a civil hospital or private provider and VA was not notified within the proper time frame. Unauthorized claims may be entered for any Fee Basis program.

NOTE: If the Fee Basis program is Contract Nursing Home, the claim is automatically dispositioned as **DISAPPROVED** with a disapproval reason of **NON-EMERGENT CARE**.

A claim is considered complete when VA Form 10-583, Claim for Payment of Cost of Unauthorized Medical Services, and all required documentation has been received in order to determine legal and medical entitlement. A claim can never be considered complete if it is missing VA Form 10-583 or if the form is incomplete. Other required documentation includes the following:

- Copies of actual bills
- Original paid receipt
- Itemized invoice/UB82
- Medical records or signature for release
- Diagnostic/Procedure code(s)

If you have indicated that you will be tracking incomplete claims in your **FEE BASIS SITE PARAMETERS** file (#161.4), you may enter an incomplete claim. Incomplete claims are automatically given a status of **INCOMPLETE UNAUTHORIZED**. If you have not entered anything in the parameter, you may only enter complete unauthorized claims. (Refer to Appendix B for more information about statuses.)

If the "Initial Entry" Status for the U/C field in the **FEE BASIS SITE PARAMETERS** file (#161.4) is filled in, then minimum data is required for entering an unauthorized claim. This is designed for sites who have streamlined their workload, where only one user enters in the unauthorized claims received, and another reviews the claim for completeness and makes the necessary requests, etc.

You can associate the new claim with an existing claim. If you associate the new claim with a previously entered claim or group of claims, and at least one of those claims has been dispositioned, you are asked if you wish to disposition the new

Enter/Edit Unauthorized Claim Menu

Enter Unauthorized Claim

Introduction, cont.

claim to the same disposition. When claims are associated, they are displayed with the primary claim on lookup, and, in certain instances, you have the ability to update all the claims in the group at the same time.

Example

```
Select VETERAN: FEEPATIENT,ONE      01-16-55      000456789      SC VETERAN
Select FEE VENDOR: FEEVENDOR,ONE    000111111
                        123 MAIN ST
                        TROY, NEW YORK 12180
```

```
Select FEE BASIS PROGRAM NAME: CIVIL HOSPITAL
ADMISSION DATE: 5/15 (MAY 15, 1993)
DISCHARGE DATE: 5/18 (MAY 18, 1993)
Is the unauthorized claim complete for the FEE BASIS PROGRAM? y YES
Checking for potential duplicates...

                                POTENTIAL DUPLICATES
No.      VETERAN                                VENDOR                                PROGRAM
81      FEEPATIENT,ONE                        FEEVENDOR,ONE                        CIVIL HOSP
        TREATMENT FROM: 05/15/93                TREATMENT TO: 05/18/93

Checking eligibility...

Primary Elig. Code: NSC  -- NOT VERIFIED
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
```

```
Are you sure you wish to enter a new unauthorized claim? y YES
CLAIM SUBMITTED BY: p.FEEpatient,One FEEpatient,One 01-16-55 000456789 SC
VETERAN
DATE CLAIM RECEIVED: JUL 2,1993// <RET>
DIAGNOSIS: <RET>
PRIMARY SERVICE FACILITY: ALBANY, NY
AMOUNT CLAIMED: 2500.00
TREATING SPECIALTY: 00 SURGICAL
DISPOSITION: 1 APPROVED
AUTHORIZED FROM DATE: MAY 15,1993// <RET> (MAY 15, 1993)
AUTHORIZED TO DATE: MAY 18,1993// <RET> (MAY 18, 1993)
AMOUNT APPROVED: 2500.00
```

Enter/Edit Unauthorized Claim Menu
Enter Unauthorized Claim

Example, cont.

```
Other claims exist for the same veteran and episode of care.

1  FEEpatient,One  FEEvendor  CIVIL HOSPIT  07/02/93  DISPOSITIONED
   TREATMENT FROM: 05/15/93  TREATMENT TO: 05/18/93

Do you wish to associate this new claim with one from the above listing? YES//
<RET>
Select the claim to which you wish to associate:  (1-1): 1
DISCHARGE TYPE: DISCHARGE// <RET>  DISCHARGE
Entering authorization...

   No: 302      Treatment From: 5/15/93  Treatment To: 5/18/93
ACCIDENT RELATED (Y/N): N  (NO)
POTENTIAL COST RECOVERY CASE: N  (NO)

Select VETERAN:
```

Enter/Edit Unauthorized Claim Menu

Modify Unauthorized Claim

FBAASUPERVISOR Security Key - required to change the disposition to a non-approved status.

Introduction

The Modify Unauthorized Claim option is used to edit only those unauthorized claims which were never dispositioned. To modify an unauthorized claim, you must first identify the submitter. The submitter may differ from the vendor or veteran involved with the claim. In such cases the submitter is considered an "other party".

Example

```
Select unauthorized claim: P.FEEPATIENT,ONE      FEEPATIENT,ONE      05-12-
51      000456789      SC VETERAN

      Select from the following:

1  FEEPATIENT,ONE      FEEVENDOR,ONE  CIVIL HOSPIT  8/9/93      INCOMPLETE UNAUT
   TREATMENT FROM: 7/15/93      TREATMENT TO: 7/16/93

Enter selection:  (1-1): 1
DATE CLAIM RECEIVED: JUL 23,1993// <RET>
FEE PROGRAM: OUTPATIENT// <RET>
VENDOR: FEEVENDOR,ONE // <RET>
VETERAN: FEEPATIENT,ONE // <RET>
CLAIM SUBMITTED BY: FEEPATIENT,ONE // <RET>
TREATMENT FROM DATE: JUL 16,1993// 071893  (JUL 18, 1993)
TREATMENT TO DATE: JUL 16,1993// 072193  (JUL 21, 1993)
DIAGNOSIS: PTSD// <RET>
PRIMARY SERVICE FACILITY: ALBANY// <RET>
AMOUNT CLAIMED: 985.00// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
DISPOSITION: 1  APPROVED
AUTHORIZED FROM DATE: JUL 16,1993// 071893  (JUL 18, 1993)
AUTHORIZED TO DATE: JUL 16,1993// 072193  (JUL 21, 1993)
AMOUNT APPROVED: 850.00

"Editing authorization..."

      No: 172      Treatment From: 7/16/93      Treatment To: 7/16/93
      ACCIDENT RELATED (Y/N): N  (NO)
      POTENTIAL COST RECOVERY CASE: N  (NO)
```

Enter/Edit Unauthorized Claim Menu

Disposition Unauthorized Claim

FBAASUPERVISOR Security Key - required to change the disposition to a non-approved status.

Introduction

This option is used to disposition an unauthorized claim. Any claim may be selected. You may select the claim by entering the vendor, veteran, or other party.

Example

```
Select unauthorized claim:  FEEPATIENT,ONE          07-03-28      000456789
NSC VETERAN
    ...OK? YES// <RET>   (YES)

    Select from the following:

    1  FEEPATIENT,ONE      DOOLY MEDICA    CIVIL HOSPIT    1/4/95
COMPLETE/PENDING
      TREATMENT FROM: 1/1/95      TREATMENT TO: 1/4/95

Enter selection:  (1-1): 1
DISPOSITION: 1  APPROVED
AUTHORIZED FROM DATE: JAN 1,1995// <RET>
AUTHORIZED TO DATE: JAN 4,1995// <RET>
AMOUNT APPROVED: 2000
DISCHARGE TYPE: DISCHARGE// <RET>  DISCHARGE
Entering authorization...

    No: 170      Treatment From: 1/1/95      Treatment To: 1/4/95
ACCIDENT RELATED (Y/N): N  (NO)
POTENTIAL COST RECOVERY CASE: N  (NO)
```

Enter/Edit Unauthorized Claim Menu

Re-open Unauthorized Claim

FBAASUPERVISOR Security Key - required to change the disposition to a non-approved status.

Introduction

The Re-Open Unauthorized Claim option is used to reopen a claim which has been dispositioned. This is essentially the same as the Modify Unauthorized Claim option, except selection is limited to claims with a status of DISPOSITIONED, and the date the claim was reopened is entered by the system. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party.

Example

```
Select unauthorized claim: P.FEEPATIENT,ONE      FEEPATIENT,ONE      05-12-
51      000456789      SC VETERAN

      Select from the following:

1  FEEPATIENT,ONE      FEEVENDOR,ONE  OUTPATIENT      6/24/93      DISPOSITIONED
      TREATMENT FROM: 6/23/93      TREATMENT TO: 6/24/93

Enter selection: (1-1): 1
DATE CLAIM RECEIVED: JUL 23,1993// <RET>
FEE PROGRAM: OUTPATIENT// <RET>
VENDOR: FEEVENDOR,ONE // <RET>
CLAIM SUBMITTED BY: FEEPATIENT,ONE // <RET>
TREATMENT FROM DATE: JUN 23,1993// <RET>
TREATMENT TO DATE: JUN 25,1993// JUN 24,1993
DIAGNOSIS: OSTEOCARCINOMA// <RET>
PRIMARY SERVICE FACILITY: ALBANY// <RET>
AMOUNT CLAIMED: 985.00// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
DISPOSITION: APPROVED// <RET>
AUTHORIZED FROM DATE: JUN 23,1993// <RET>
AUTHORIZED TO DATE: JUN 24,1993// <RET>
AMOUNT APPROVED: 865.00// 573.00
Editing authorization...

      No: 152      Treatment From: 6/23/93      Treatment To: 6/24/93
DISCHARGE TYPE: DISCHARGE// <RET>
ACCIDENT RELATED (Y/N): yes// N no
POTENTIAL COST RECOVERY CASE: yes// N no
```

Enter/Edit Unauthorized Claim Menu

Initiate Appeal for Unauthorized Claim

Introduction

The Initiate Appeal for Unauthorized Claim option is used to initiate an appeal of the VA's decision on a claim to the Board of Veterans Appeal (BVA). During this stage of the unauthorized claims appeal process, the claim must have a status of **DISPOSITIONED** to be selected with this option. (Refer to Appendix B for more information about statuses.)

Following are the prompts with a brief explanation.

"DATE NOTICE OF DISAGREEMENT RECV'D:" - Enter the date that the VA Form 21-4138 was received.

"DATE STATEMENT OF THE CASE ISSUED:" - Enter the date on which the Statement of the Case was issued.

*"DATE SUBSTANTIVE APPEAL RECV'D:" - Enter the date on which the Substantive Appeal was received.

*"DATE APPEAL DISPOSITIONED:" - Enter the date the appeal decision was rendered by the Board of Veterans Appeal (BVA).

*"DISPOSITION:" - An active disposition appears as the default. If the disposition is **APPROVED** or **APPROVED TO STABILIZATION** and payments have been made, it can only be changed by those holding the **FBAASUPERVISOR** security key.

*"Select REASON FOR DISAPPROVAL:" - Enter the reason why the claim was not approved. Entering <??> will generate a list from which you may choose.

*In most instances, data will be entered into these fields through the use of the Appeal Edit for Unauthorized Claim option after the BVA has issued its decision.

Enter/Edit Unauthorized Claim Menu
Initiate Appeal for Unauthorized Claim

Example

```
Select unauthorized claim: P.FEEPATIENT,ONE      FEEPATIENT,ONE      04-23-13
000456789      NSC VETERAN

      Select from the following:

1  FEEPATIENT,ONE      BROOKS PHARM      PHARMACY      9/30/93
DISPOSITIONED
      TREATMENT FROM: 9/28/93      TREATMENT TO: 9/28/93

2  FEEPATIENT,ONE      FEEVENDOR,ONE      OUTPATIENT      9/5/94      DISPOSITIONED
      TREATMENT FROM: 9/1/94      TREATMENT TO: 9/3/94

Enter selection: (1-2): 2
DATE NOTICE OF DISAGREEMENT RECV'D: 12/5 (DEC 05, 1994)
DATE STATEMENT OF THE CASE ISSUED: 12/9 (DEC 09, 1994)
DATE SUBSTANTIVE APPEAL RECV'D: 12/11 (DEC 11, 1994)
DATE APPEAL DISPOSITIONED: T (DEC 16, 1994)
DISPOSITION: APPROVED// <RET>
AUTHORIZED FROM DATE: SEP 1,1994// <RET>
AUTHORIZED TO DATE: SEP 3,1994// <RET>
AMOUNT APPROVED: 200
Entering authorization...

      No: 109      Treatment From: 9/1/93      Treatment To: 9/3/93
      ACCIDENT RELATED (Y/N): N (NO)
      POTENTIAL COST RECOVERY CASE: N (NO)
```

Enter/Edit Unauthorized Claim Menu

Appeal Edit for Unauthorized Claim

Introduction

The Appeal Edit for Unauthorized Claim option is used to edit a claim which has already been appealed to the Board of Veterans Appeal (BVA). During this stage of the Unauthorized Claims process, the claim may have one of the following active statuses:

APPEAL/NOTICE OF DISAGREE RECV
APPEAL/ISSUED STATMENT OF CASE
APPEAL COMPLETE/PENDING REVIEW
APPEAL DISPOSITIONED

You may select claims with any of the above statuses with this option. (Refer to Appendix B for more information about statuses.) You may select a claim by entering the vendor, veteran, or other party.

Following is a list of some prompts with a brief explanation.

"DATE NOTICE OF DISAGREEMENT RECV'D:" - Enter the date that the VA Form 21-4138 was received.

"DATE APPEAL DISPOSITIONED:" - Enter the date the appeal decision was rendered by the Board of Veterans Appeal (BVA).

"DISPOSITION:" - An active disposition appears as the default. If the disposition is APPROVED or APPROVED TO STABILIZATION and payments have been made, it can only be changed by those holding the FBAASUPERVISOR security key.

If the disposition of an unauthorized claim changes from APPROVED to DISAPPROVED, the applicable authorization is deleted.

Enter/Edit Unauthorized Claim Menu

Appeal Edit for Unauthorized Claim

Example

```
Select unauthorized claim: P.FEEPATIENT,ONE      FEEPATIENT,ONE      04-23-13
000456789      NSC VETERAN

      Select from the following:

1  FEEPATIENT,ONE      FEEVENDOR,ONE      PHARMACY      9/30/93      DISPOSITIONED
   TREATMENT FROM: 9/28/93      TREATMENT TO: 9/28/93

2  FEEPATIENT,ONE      FEEVENDOR,TWO OUTPATIENT      5/5/94      DISPOSITIONED
   TREATMENT FROM: 5/1/94      TREATMENT TO: 5/3/94

Enter selection:  (1-2): 2
DATE NOTICE OF DISAGREEMENT RECV'D: 071094  (JUL 10, 1994)
DATE STATEMENT OF THE CASE ISSUED: 071494  (JUL 14, 1994)
DATE SUBSTANTIVE APPEAL RECV'D: 072194  (JUL 21, 1994)
DATE APPEAL DISPOSITIONED: T  (JUL 26, 1994)
DISPOSITION: ABANDONED// 3  CANCELLED/WITHDRAWN
Select REASON FOR DISAPPROVAL: ??

      Reason why claim was not approved.

CHOOSE FROM:
1      NSC VETERAN
2      NSC CONDITION
3      NON-EMERGENT CARE
4      VA FACILITIES AVAILABLE
5      PREVIOUSLY AUTHORIZED
6      NOT TIMELY FILED
7      ADJUDICATION REQUESTED

Select REASON FOR DISAPPROVAL: 6  NOT TIMELY FILED
Select REASON FOR DISAPPROVAL: <RET>
```

Enter/Edit Unauthorized Claim Menu

COVA appeal enter/edit

Introduction

The COVA Appeal Enter/Edit option is used to enter or edit an appeal to the Court of Veterans Affairs (COVA). This is an appeal of the Board of Veterans Appeals (BVA) decision. Selection of claims is limited to those claims which have a status of APPEAL DISPOSITIONED, COVA APPEAL or COVA DISPOSITION.

You may select claims with any of the above statuses. (Refer to Appendix B for more information about statuses.) You may select a claim by entering the vendor, veteran, or other party.

Following is a list of some prompts with a brief description.

"DATE APPEALED TO COVA:" - Enter the date on which the Board of Veterans Appeal decision was appealed. A timely appeal must be initiated within 120 days of the BVA decision.

"DATE COVA APPEAL DISPOSITIONED:" - Enter the date on which a decision to a COVA appeal was rendered.

"DISPOSITION:" - An active disposition is selected. If the disposition has been APPROVED or APPROVED TO STABILIZATION, and payments have been made, the disposition cannot be changed except by those holding the FBAASUPERVISOR key

Enter/Edit Unauthorized Claim Menu

COVA Appeal Enter/Edit

Example

```
Select unauthorized claim: P.FEEPATIENT,ONE          04-23-13      000456789
NSC VETERAN

      Select from the following:

1  FEEPATIENT,ONE          DOCTORS HOSP  CIVIL HOSPIT   2/2/93   COVA
DISPOSITION
      TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93      PRIMARY CLAIM: 2/2/93

2  FEEPATIENT,ONE          FEEVENDOR,ONE  OUTPATIENT   1/2/93   APPEAL DISPOSITI
      TREATMENT FROM: 1/1/93      TREATMENT TO: 1/1/93

Enter selection:  (1-2): 1

DATE APPEALED TO COVA: T  (JUL 27, 1993)
DATE COVA APPEAL DISPOSITIONED: 6/12  (JUN 12, 1993)
DISPOSITION: CANCELLED/WITHDRAWN// 5  ABANDONED
Select REASON FOR DISAPPROVAL: ADJUDICATION REQUESTED
      // 4  VA FACILITIES AVAILABLE
Select REASON FOR DISAPPROVAL: <RET>
```

Request Information on Unauthorized Claim

Introduction

This option is used to request information on an unauthorized claim. Selection of claims is limited to those claims which have one of the following statuses:

INITIAL ENTRY
INCOMPLETE UNAUTHORIZED CLAIM
PENDING - REASON UNKNOWN
COMPLETE/PENDING REVIEW
APPEAL/NOTICE OF DISAGREE RECV
APPEAL/ISSUED STATEMENT OF CASE

A letter will print or be flagged for printing (depending upon your parameter set-up) if the request causes the status to change, or requests additional information.

(Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party. After you select an unauthorized claim, you are prompted to select from a list of items for which you may wish to request information. You can select an individual item, or a list or range of items, using commas and/or dashes as delimiters.

Request Information on Unauthorized Claim

Example

```
Select unauthorized claim: P.FEEPATIENT,ONE      FEEPATIENT,ONE      04-23-13
000456789      NSC VETERAN

      Select from the following:

1      FEEPATIENT,ONE      DOCTOR'S HOSP      CIVIL HOSPIT      2/2/93
APPEAL/NOTICE OF
      TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
2      DOCTOR'S HOSP      CIVIL HOSPIT      6/23/93      APPEAL/NOTICE OF      <7/2/93>

Enter selection: (1-2): 1

Select from the following:

1      MISSING FORM 10-583
2      ITEM 1 NAME/SSN/ADDRESS on 583
3      ITEM 2 NAME/SSN/ADDRESS on 583
4      ITEM 3 CIRCUMSTANCES on 583
5      ITEM 4 AMOUNT CLAIMED on 583
6      ITEM 5A SIGNATURE OF PROVIDER
7      ITEM 5B SIGNATURE OF PAYER
8      COPIES OF ACTUAL BILLS
9      ORIGINAL PAID RECEIPT
10     ITEMIZED BILL REQUIRED
11     MEDICAL RECORDS NEEDED
12     SIGNATURE FOR RELEASE
13     DIAGNOSTIC/PROCEDURE CODE(S)
14     OTHER

Enter selection: (1-14): 12      SIGNATURE FOR RELEASE

12     SIGNATURE FOR RELEASE
You have selected the above.  OK? YES// <RET>

Select unauthorized claim:
```

Receive Requested Information

Introduction

The Receive Requested Information option is used to receive information which was requested for a claim. Selection of claims is limited to those claims which have a status of INCOMPLETE UNAUTHORIZED CLAIM, APPEAL/NOTICE OF DISAGREE RECV or APPEAL/ISSUED STATMENT OF CASE. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party. After you select an unauthorized claim, you will be prompted to select from a list of items for which information was requested. You may select an individual item, or a list or range of items, using commas and/or dashes as delimiters.

Example

```
Select unauthorized claim: P.FEEPATIENT,ONE      FEEPATIENT,ONE      04-23-13
000456789      NSC VETERAN

Select from the following:

1  FEEPATIENT,ONE      ST MARY'S H      CIVIL HOSPIT      2/2/93      APPEAL/NOTICE
OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
2  DOCTOR'S HOSP      CIVIL HOSPIT      6/23/93      APPEAL/NOTICE OF      <7/2/93>

Enter selection: (1-2):

Select from the following:

1  SIGNATURE FOR RELEASE

Enter selection: (1-1): 1

1  SIGNATURE FOR RELEASE
You have selected the above. OK? YES// <RET>
Receiving SIGNATURE FOR RELEASE
```

Letters for Unauthorized Claim Update Date Letter Sent

Introduction

The Update Date Letter Sent option is used to enter the date that manually generated letters for unauthorized claims were sent.

Once you have selected one or more claims, you are prompted for the date you wish to enter as the date the letter was sent. Once a new date is entered, the DATE LETTER SENT and EXPIRATION DATE OF CLAIM fields are updated in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7).

Example

Select from the following:

1	FEEpati,One	FEEvend,One	CIVIL HOSPITAL	05/27/93	INCOMPLETE UNAUT
2	FEEpati,Two	FEEvend,One	CIVIL HOSPITAL	05/27/93	DISPOSITIONED
3	FEEpatie,Thre	FEEvend,Two	CIVIL HOSPITAL	05/27/93	DISPOSITIONED
4	FEEpatie,Fou	FEEvend,Thre	OUTPATIENT	05/22/93	DISPOSITIONED

Enter selection: (1-4): 2

DATE LETTER SENT: T (JUN 23, 1993)

Letters for Unauthorized Claim Batch Print Letters

Introduction

The Batch Print Letters option is used to manually batch print letters that have been flagged for printing (entered into a status which requires a letter), but for some reason never printed. (Refer to Appendix B for more information about statuses.)

The DATE LETTER SENT and EXPIRATION DATE OF CLAIM fields in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) are automatically updated. Failure to provide the requested information within one year will result in an automatic disapproval.

Example

```
Enter NUMBER OF COPIES for each letter: 1// <RET> 1
QUEUE TO PRINT ON
DEVICE: UNAUTHORIZED CLAIMS PRINTER// <RET>
```

Letters for Unauthorized Claim Batch Print Letters

Example, cont.

VA MEDICAL CENTER 128 HOLLAND AVE ALBANY NEW YORK 12208	
June 29, 2006	In Reply Refer To: 500/136 FEEpatient,One XXX-XX-6789
FEEvendor,One 123 BURDETTE AVE TROY NY 12180-1234	
REGARDING: VETERAN: FEEpatient,One FEE BASIS PROGRAM: CIVIL HOSPITAL EPISODE OF CARE: 05/01/06 to 05/22/06	
We have carefully reviewed your claim for payment of unauthorized medical services. The following decision has been made:	
Claim has been approved for authorization of care and payment.	
Authorized from: 05/01/06 Authorized to: 05/05/06 Amount approved: 2500.00	
If you do not agree with the decision you have the right to appeal, your appeal rights should be attached for your review, if your claim was not approved.	
If you have any questions concerning this matter, please contact us at the above address. A copy of this letter is being furnished to the provider(s) of care, if applicable.	
Sincerely,	
Chief, Medical Administration Service	

Letters for Unauthorized Claim

Reprint Letter(s)

Introduction

The Reprint Letter(s) option can be used to reprint letters that were printed but never mailed or, in some cases, never received by the party submitting the claim. You may reprint letters for a selected date range (date letter printed) or you may reprint a specific letter. Individual letters are selected by entering the name of the submitter. The submitter may be someone other than the vendor or veteran involved in the claim.

You may select the claim by entering the vendor, veteran, or other party.

Failure to provide the requested information within one year will also result in an automatic disapproval. Therefore, the expiration date may be updated when a letter is reprinted.

Example

```

Do you wish to reprint letters for a date range? NO
Select unauthorized claim: V.FEEvend FEEvendor,One 000561234 COMMUNITY NUR
31 NOWHERE CIRCLE
LOWELL, MA 01852-0123 TEL. #: 5551477

Select from the following:

1 FEEVENDR, ONE FEEpatient,ONE CIVIL HOSPIT 06/22/06 APPEAL/NOTICE OF
TREATMENT FROM: 06/22/06 TREATMENT TO: 06/22/06

2 FEEVENDR, ONE FEEpatient,TWO CONTRACT NUR 06/22/06 COVA DISPOSITION
TREATMENT FROM: 06/22/06 TREATMENT TO: 06/22/06

3 FEEVENDR, ONE FEEpatient,THREE CONTRACT NUR 06/24/06 DISPOSITIONED
TREATMENT FROM: 06/22/06 TREATMENT TO: 06/24/06

4 FEEVENDR, ONE FEEpatient,FOUR CONTRACT NUR 06/30/06 DISPOSITIONED
TREATMENT FROM: 05/06/06 TREATMENT TO: 05/16/06

5 FEEVENDR, ONE FEEpatient,FIVE OUTPATIENT 07/01/06 APPEAL/NOTICE OF
TREATMENT FROM: 04/04/06 TREATMENT TO: 04/04/06

Enter RETURN for more, or Select: (1-5): 1
Should the expiration date be updated? No// <RET>
Enter NUMBER OF COPIES for each letter: 1// <RET>
DEVICE: UNAUTHORIZED CLAIMS PRINTER// <RET>

```

Letters for Unauthorized Claim Reprint Letter(s)

Example, cont.

June 29, 2006	In Reply Refer To: 500/136 FEEpatient,One XXX-XX-6789
ONE FEEPATIENT 123 MAIN ST TROY NEW YORK 12180	
REGARDING: VENDOR: FEEvendor,One FEE BASIS PROGRAM: CIVIL HOSPITAL EPISODE OF CARE: 06/13/04 to 6/13/04	
We have carefully reviewed your claim for payment of unauthorized medical services. The following decision has been made:	
Claim is considered abandoned, since no action has been taken by the submitter within the appropriate time frames.	
Reason(s) for not approving claim:	
We have asked for adjudicative rating action to determine whether the condition treated was due to or caused by your service-connected disability. You will be notified by the VA Regional Office when they have reached a decision. If service connection is granted for the condition treated, please resubmit a claim to us with a copy of this letter and a copy of the award letter received from the VA Regional Office. Such rating determinations normally require 60-90 days.	
If you do not agree with the decision you have the right to appeal, Your appeal rights should be attached for your review, if your claim was not approved.	
If you have any questions concerning this matter, please contact us at the above address. A copy of this letter is being furnished to the provider(s) of care, if applicable.	
Sincerely,	
Chief, Medical Administration Service	

Payments for Unauthorized Claims

New Prompts:

Vendor Invoice Date: - allows you to enter the vendor's invoice date.

The following new prompts might appear depending on the fee program.

Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

FBAE ESTABLISH VENDOR Security Key - required to edit established vendors.

Introduction

The Payments for Unauthorized Claims option should be used to enter payments for unauthorized claims which have been dispositioned to APPROVED or APPROVED TO STABILIZATION.

Payment may be made to either a patient or a vendor; however, only the vendor pertaining to the submitted claim may be paid. You cannot add a new vendor through this option. An open batch for the applicable Fee Basis program must exist for the unauthorized claim selected. Further processing of the payment should follow the payment menu options for the applicable Fee Basis program. You should also use the payment options in the applicable Fee Basis program to process rejects, make any edits, etc., after the payment has been entered.

You may select a range of numbers to process payments for multiple claims, using commas or dashes as delimiters (e.g., 1,3,4 or 1-4). If multiple claims are chosen, the claims will be presented for payment in the same sequence in which they were selected.

Once a claim is selected, the prompts and displays vary depending on the Fee Basis program. The following chart is provided indicating which option documentation to refer to for further examples of payment entry.

Payments for Unauthorized Claims

Introduction, cont.

Fee Program	Refer To
Civil Hospital	Ancillary Contract Hosp/CNH Payment (for ancillary payments) or Enter Invoice/Payment
Outpatient	Enter Payment option
Pharmacy	Enter Pharmacy Invoice

NOTE: Payments for Contract Nursing Home are not allowed for unauthorized claims. Such claims are automatically dispositioned as DISAPPROVED with a disapproval reason of NON-EMERGENT CARE.

Example

```
Select one of the following:

      1      PATIENT
      2      VENDOR

Select to whom payment should be made: 2  VENDOR
Select VETERAN: FEEPATIENT,ONE          07-21-50      409129012      NSC
VETERAN
Select FEE VENDOR: FEEVENDOR,ONE          000333333  CHAIN #: 101  PHARMACY
      123 MAIN AVE          (Awaiting Austin Approval)
      TROY, NY  12180      TEL. #:  518-555-0987

Select from the following:

1      FEEPATIENT,ONE      FEEVENDOR,ONE  PHARMACY      12/12/94      DISPOSITIONED
      TREATMENT FROM: 11/2/94  TREATMENT TO: 11/2/94
2      FEEVENDOR,ONE      PHARMACY      12/12/94      DISPOSITIONED      <12/12/94>
3      FEEPATIENT,ONE      FEEVENDOR,ONE  CIVIL HOSPIT  12/12/94      DISPOSITIONED
      TREATMENT FROM: 11/2/94      TREATMENT TO: 11/2/94
4      FEEPATIENT,ONE      FEEVENDOR,ONE  CIVIL HOSPIT  12/12/94      DISPOSITIONED
      TREATMENT FROM: 11/2/94      TREATMENT TO: 11/2/94

Enter selection:  (1-4): 1
Press RETURN to continue or '^' to exit: <RET>
```

Payments for Unauthorized Claims

Example, cont.

```

< UNAUTHORIZED CLAIM >

DATE CLAIM RECEIVED: DEC 12, 1994      FEE PROGRAM: PHARMACY
VENDOR: FEEVENDOR,ONE                  VETERAN: FEEPATIENT,ONE
TREATMENT FROM DATE: NOV  2, 1994      TREATMENT TO DATE: NOV  2, 1994
PRIMARY SERVICE FACILITY: ALBANY, NY    DATE VALID CLAIM RECEIVED: DEC 12, 1994
AMOUNT CLAIMED: 65.00                  PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED                  DATE OF DISPOSITION: DEC 12, 1994
AUTHORIZED FROM DATE: NOV  2, 1994     AUTHORIZED TO DATE: NOV  2, 1994
AMOUNT APPROVED: 65.00                 PRINT LETTER?: YES
ENTERED/LAST EDITED BY: MARY ELLEN
DATE ENTERED/LAST EDITED: DEC 12, 1994
MASTER CLAIM: DEC 12, 1994
DATE OF ORIGINAL DISPOSITION: DEC 12, 1994
CLAIM SUBMITTED BY: FEEPATIENT,ONE     STATUS: DISPOSITIONED
DATE OF CURRENT STATUS: DEC 12, 1994   AUTHORIZATION: 8
DIAGNOSIS: dislocated wrist

Press RETURN to continue or '^' to exit: <RET>

Are you sure you want to enter a new invoice? Yes// <RET>

Invoice # assigned is: 601

Patient Name: FEEPATIENT,ONE           Pt.ID: 000-45-6789

***  VENDOR DEMOGRAPHICS  ***
==> AWAITING AUSTIN APPROVAL <==

      Name:  FEEVENDOR,ONE              ID Number: 000333333
      Address: 123 MAIN AVE              Specialty:
      City:  TROY                        Type: PHARMACY
      State:  NEW YORK                    Participation Code: PHARMACY
      ZIP:  12180                         Medicare ID Number: 181818
      County: RENSSELAER                  Chain: 101
      Phone:  518-555-0987
      Fax:    518-555-0900
Austin Name:
Last Change                               Last Change
      TO Austin:  11/21/94                FROM Austin:

Want to edit Vendor data? No// <RET>

```

Payments for Unauthorized Claims

Example, cont.

Date Correct Invoice Received: **12/1** (DEC 01, 1994)

Vendor Invoice Date: **11/26** (NOV 26, 1994)

Want to review fee pharmacy payment history? No// **<RET>**

DATE PRESCRIPTION FILLED: **11/2** (NOV 02, 1994)

Select PRESCRIPTION NUMBER: **12345**

AMOUNT CLAIMED: **80**

DRUG NAME: **VALIUM**

MANUFACTURER: **Roche**

STRENGTH: **5MG**

QUANTITY: **50**

Prescription referred to Pharmacy Service for determination.

Select one of the following:

- | | |
|---|---------|
| 1 | PATIENT |
| 2 | VENDOR |

Select to whom payment should be made:

Outputs for Unauthorized Claims

All Claims by Vendor/Veteran/Other

Introduction

The All Claims by Vendor/Veteran/Other option is used to display/print all unauthorized claims for a single vendor, veteran, or other party. The output is sorted by episode of care, grouping claims which are associated with one another. One claim may be associated with another if the veteran and episode of care are the same. Since the primary claim may not be the first to display, the secondaries are flagged with an asterisk (*). If you select a vendor, the output will display by veteran; otherwise, it will display by vendor. You can include only 38 U.S.C. 1725 (Mill Bill) claims; only non-Mill Bill claims, or both.

Example

```
Select unauthorized claim: P.FEEpatient,One  FEEPATIENT,ONE  6-1-43  000456789
07-18-00      NSC VETERAN
Enrollment Priority:      Category: NOT ENROLLED  End Date: 07/18/2000

...OK? Yes// <RET>  (Yes)

Select one of the following:

      M      MILL BILL (38 U.S.C. 1725)
      N      NON-MILL BILL
      A      ALL

Enter response: ALL// MILL BILL (38 U.S.C. 1725)

DEVICE: HOME// <RET>  UCX/TELNET  Right Margin: 80// <RET>
```

```
VETERAN: FEEPATIENT,ONE                                     Page: 1
Vendor              Fee Program      Status              Code
=====
```

FEEVENDOR,ONE	OUTPATIENT	INCOMPLETE UNAUTHORI	
Treatment From: 6/15/00	Treatment To: 6/15/00		
FEEVENDOR,ONE	OUTPATIENT	DISPOSITIONED	AB
Treatment From: 5/16/01	Treatment To: 5/16/01		
FEEVENDOR,ONE	OUTPATIENT	DISPOSITIONED	AP
Treatment From: 6/16/01	Treatment To: 6/16/01		
FEEVENDOR,TWO	OUTPATIENT	INCOMPLETE UNAUTHORI	
Treatment From: 6/18/01	Treatment To: 6/18/01		

Section 6 - Unauthorized Claim Main Menu

VETERAN: FEEPATIENT, ONE			Page: 2
Vendor	Fee Program	Status	Code
=====			
FEEVENDOR, ONE	OUTPATIENT	DISPOSITIONED	CW
Treatment From: 6/25/01	Treatment To: 6/25/01		
FEEVENDOR, TWO	CIVIL HOSPITAL	DISPOSITIONED	AS
Treatment From: 6/26/01	Treatment To: 6/29/01		
FEEVENDOR, ONE	OUTPATIENT	COMPLETE/PENDING REV	
Treatment From: 7/18/01	Treatment To: 7/23/01		

Outputs for Unauthorized Claims

Check Display

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```
Select Check Number: 69243230

DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

                                PAYMENT HISTORY FOR CHECK # 69243230
                                -----
                                                                Page: 1

                                FEE PROGRAM:  OUTPATIENT
('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
  Svc Date  CPT-      Amount      Amount      Susp  Batch      Invoice
            MOD      Claimed      Paid       Code  Number      Number
=====
VENDOR:  FEEvendor,One                VENDOR ID:  000000000

Patient:  FEEpatient,One                Patient ID:  XXX-XX-6789
  4/1/06    10020          5.00          5.00          363          541
    >>>Check # 69243230  Date Paid:  8/29/06<<<

Press RETURN to continue or '^' to exit:
```

Outputs for Unauthorized Claims

Display Unauthorized Claim

Introduction

This option is used to view unauthorized claims. Selection is made by entering the name of the submitter. The submitter may be the vendor, veteran, or other party involved in the claim.

Example

```
Select unauthorized claim: P.FEEPATIENT,ONE      06-02-34      000456789      SC VETERAN

 1  FEEPATIENT,ONE      FEEVENDOR, ONE      CIVIL HOSPIT  09/01/92  APPROVED TO STABILIZA
    TREATMENT FROM: 09/01/92      TREATMENT TO: 09/03/92

 2  FEEPATIENT,ONE      FEEVENDOR, ONE      CIVIL HOSPIT  06/04/93  DISPOSITIONED
    TREATMENT FROM: 06/04/93      TREATMENT TO: 06/24/93

Select the claim which you would like to display:  (1-2): 1

DATE CLAIM RECEIVED: SEP  1, 1992      FEE PROGRAM: CIVIL HOSPITAL
VETERAN: FEEPATIENT,ONE      VENDOR: FEEVENDOR,ONE
TREATMENT FROM DATE: SEP  1, 1992      TREATMENT TO DATE: SEP  3, 1992
PRIMARY SERVICE FACILITY: ALBANY VAMC
DATE VALID CLAIM RECEIVED: SEP  1, 1992
AMOUNT CLAIMED: 15000      PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED TO STABILIZATION
DATE OF DISPOSITION: SEP  3, 1992      AUTHORIZED FROM DATE: SEP  1, 1992
AUTHORIZED TO DATE: SEP  3, 1992      ENTERED BY: MARTIN,MICHAEL
DATE ENTERED: SEP  1, 1992      DATE LETTER SENT: SEP 23, 1992
MASTER CLAIM: SEP  1, 1992      REOPEN CLAIM DATE: SEP  2, 1992
DATE OF ORIGINAL DISPOSITION: SEP  3, 1992
CLAIM SUBMITTED BY: FEEVENDOR,ONE      STATUS: DISPOSITIONED
DATE OF CURRENT STATUS: SEP  3, 1992      EXPIRATION DATE OF CLAIM: SEP 24, 1993
DIAGNOSIS: CHEST PAIN
DISCHARGE TYPE (c): DISCHARGE
```

```
< PENDING INFORMATION >

1  MEDICAL RECORDS NEEDED

Press RETURN to continue or '^' to exit: <RET>
```

Outputs for Unauthorized Claims

Disposition/Status Statistics Display/Print

Introduction

The Disposition/Status Statistics Display/Print option provides a statistical report on unauthorized claims within a selected date range. It provides totals of dispositioned unauthorized claims by disposition type (APPROVED, DISAPPROVED, etc.), as well as disposition status. (Refer to Appendix B for more information about statuses.) The report also supplies the total of unauthorized claims which have not been dispositioned, with a subtotal breakdown by claim status. Total approved dollars by primary service area are also provided.

Example

```

      UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
      -----

**** Date Range Selection ****

Beginning DATE : t-10  (JUN 13, 1993)

Ending    DATE : t  (JUN 23, 1993)

DEVICE: HOME// <RET>  Decnet                      RIGHT MARGIN: 80// <RET>
  
```

```

      UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
      -----

      Date Range Selected: 06/13/93 to 06/23/93
      -----

      TYPE OF DISPOSITION          # OF CLAIMS          CATEGORY OF DISPOSITION
                                     INITIAL          APPEAL          COVA APPEAL
      -----
      APPROVED                      1                  1                0                0
      DISAPPROVED                   1                  1                0                0
      CANCELLED/WITHDRAWN           0                  0                0                0
      APPROVED TO STABILIZATION      0                  0                0                0
      ABANDONED                     0                  0                0                0
      -----
      TOTAL DISPOSITIONED            2                  2                0                0
      TOTAL NOT DISPOSITIONED        2
      -----
      TOTAL CLAIMS                   4
  
```

Press RETURN to continue or '^' to exit: <RET>

**Outputs for Unauthorized Claims
Disposition/Status Statistics Display/Print**

Example, cont.

```

      UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
      -----
      Date Range Selected: 06/13/93 to 06/23/93
      -----

STATUS OF CLAIMS NOT DISPOSITIONED

STATUS                                # OF CLAIMS

INCOMPLETE UNAUTHORIZED CLAIM        1
PENDING - REASON UNKNOWN              0
COMPLETE/PENDING REVIEW              1
APPEAL/NOTICE OF DISAGREE RECV       0
APPEAL/ISSUED STATMENT OF CASE       0
APPEAL COMPLETE/PENDING REVIEW       0
COVA APPEAL                          0

Press RETURN to continue or '^' to exit: <RET>

      UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
      -----
      Date Range Selected: 06/13/93 to 06/23/93
      -----

TOTAL DOLLARS APPROVED BY PSA:

TROY, NEW YORK                       $0.00
ALBANY                               $0.00
                                     -----
                                     $0.00

```

Outputs for Unauthorized Claims

Expiration Display/Print

Introduction

The Expiration Display/Print option will display/print those unauthorized claims which will expire within the selected time frame.

There are two types of expirations involved with unauthorized claims. The first is based on the status of the claim. Certain statuses have expiration dates which, once passed, prohibit the submitter from any further action on the claim. (Refer to Appendix B for more information about statuses.) The other refers to information VA has requested from the submitter. The submitter has x # of days to respond or the claim is considered abandoned. The number of days is calculated from the date the letter was mailed.

Example

```
Select the date range within which an unauthorized claim will expire.

**** Date Range Selection ****

Beginning DATE : 010193  (JAN 01, 1993)

Ending      DATE : 010196  (JAN 01, 1996)

DEVICE: HOME//  UNAUTHORIZED CLAIMS PRINTER      RIGHT MARGIN: 80// <RET>
```

```
Unauthorized Claims Due to Expire between 01/01/93 and 01/01/96
```

Veteran	Vendor	Treatment FROM	Treatment TO	Status
FEEPATIENT, ONE	FEEVENDOR, ONE	04/26/93	04/28/93	INCOMPLE
FEEPATIENT, ONE	FEEVENDOR, ONE	05/31/93	06/05/93	INCOMPLE
FEEPATIENT, ONE	FEEVENDOR, ONE	01/01/93	01/03/93	INCOMPLE
FEEPATIENT, ONE	FEEVENDOR, TWO	02/01/93	02/01/93	INCOMPLE
FEEPATIENT, ONE	FEEVENDOR, THREE	01/01/93	01/03/93	INCOMPLE

Outputs for Unauthorized Claims

Status Display/Print of Unauthorized Claims

Introduction

This option displays/prints unauthorized claims by primary service facility and status. You may include one, many, or all statuses, and sort by either vendor or veteran for the primary sort. The output also subtotals the number of claims within a status, and displays the expiration date, if one exists. If the unauthorized claim is due to expire within thirty days of the date the output was generated, an asterisk (*) will follow the expiration date.

NOTE: The disposition code will only display if the unauthorized claim has a status of either DISPOSITIONED, APPEAL DISPOSITIONED or COVA DISPOSITION. (Refer to Appendix B for more information about statuses.)

Example

```
Select one of the following:

      1          PATIENT
      2          VENDOR

Sort by: 1  PATIENT

Select from the following:

1  INITIAL ENTRY
2  INCOMPLETE UNAUTHORIZED CLAIM
3  PENDING - REASON UNKNOWN
4  COMPLETE/PENDING REVIEW
5  DISPOSITIONED
6  APPEAL/NOTICE OF DISAGREE RECV
7  APPEAL/ISSUED STATEMENT OF CASE
8  APPEAL COMPLETE/PENDING REVIEW
9  APPEAL DISPOSITIONED
10 COVA APPEAL
11 COVA DISPOSITION

Enter selection: (1-11): 2
START WITH DATE CLAIM RECEIVED: FIRST// 060194
GO TO DATE CLAIM RECEIVED: LAST// 063094
DEVICE: UNAUTHORIZED CLAIMS PRINTER    RIGHT MARGIN: 80// <RET>
```

Outputs for Unauthorized Claims

Status Display/Print of Unauthorized Claims

Example, cont.

STATUS LISTING OF UNAUTHORIZED CLAIMS		JUN 24,1994	11:41	PAGE 1
VETERAN	VENDOR	STATUS	EXPIRES	

PRIMARY SERVICE FACILITY: ALBANY				
FEEPATIENT,ONE	FEEVENDOR,ONE	INCOMPLETE UNAU	JUN 24,1994	

SUBCOUNT		1		

SUBCOUNT		1		
STATUS LISTING OF UNAUTHORIZED CLAIMS		JUN 24,1994	11:41	PAGE 2
VETERAN	VENDOR	STATUS	EXPIRES	

PRIMARY SERVICE FACILITY: BAY PINES, FL				
FEEPATIENT,TWO	FEEVENDOR,ONE	INCOMPLETE UNAU	JUN 24,1994	
FEEPATIENT,THREE	FEEVENDOR,TWO	INCOMPLETE UNAU	JUN 24,1994	

SUBCOUNT		2		

SUBCOUNT		2		

COUNT		3		

Outputs for Unauthorized Claims

Unauthorized Claims Cost Report for Civil Hospital

Introduction

The Unauthorized Claims Cost Report for Civil Hospital option produces an output report to display the unauthorized claims payments for Civil Hospital for a user selected date range. The report does not list any payment which does not have a date finalized. The output includes both payments and ancillary payments sorted by treating specialty.

Example

```

**** Date Range Selection ****

Beginning DATE : 010194  (JAN 01, 1994)

Ending    DATE : T  (AUG 09, 1994)

Select one of the following:

          D          DETAILED REPORT
          S          SUMMARY ONLY

Choose Report Type: S// DETAILED REPORT

QUEUE TO PRINT ON
DEVICE: HOME//    CIVIL HOSPITAL PRINTER    RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
    
```

```

                                UNAUTHORIZED CLAIMS
                                COST REPORT FOR CIVIL HOSPITAL
                                01/01/94 THROUGH 08/09/94
                                -----
PATIENT NAME          PATIENT ID      DT CLAIM REC      AMT PAID      FINAL DRG      LOS
-----
          TREATING SPECIALTY:  MEDICAL
FEEPATIENT,ONE          000-45-6789      05/17/94          2.00          45
3
          ** Indicates an Ancillary Payment
    
```

Outputs for Unauthorized Claims
Unauthorized Claims Cost Report for Civil Hospital

Example, cont.

UNAUTHORIZED CLAIMS			
COST REPORT FOR CIVIL HOSPITAL			
01/01/94 THROUGH 08/09/94			

SUMMARY			
LOS	# CASES	AVE. AMT. PAID	
=====			
TREATING SPECIALTY: MEDICAL			
3	1	2.00	
=====			
TOTAL CASES: 1	AVERAGE AMOUNT PAID: 2.00	AVERAGE LOS: 3.00	

Outputs for Unauthorized Claims

Vendor Payments Output

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
Select Fee Basis Vendor: FEEvendor,One      000561234  FEEvendor,One
                        31 BURDETT AVENUE
                        TROY, NEW YORK 12180-0123
                        TEL. #: 518-555-2000

**** Date Range Selection ****

Beginning DATE : 6/24 (JUN 24, 2006)

Ending DATE : 6/24 (JUN 24, 2006)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET> (NO)
```

```

                                VENDOR PAYMENT HISTORY
                                =====
Vendor: FEEvendor,One          Vendor ID: 000000001          Page: 1
                                FEE PROGRAM: OUTPATIENT
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
Svc Date CPT-MOD      Amount      Amount      Susp      Batch Invoice Voucher
                        Claimed      Paid      Code      Num      Num      Date
=====
Patient: FEEpatient,One          Patient ID: XXX-XX-6789
07/09/06  90050(C&P)  25.00      25.00      00037      43
Primary Dx: NEUROTIC DEPRESSION  S/C Condition? -      Obl.#: C89211
07/07/06  90050(C&P)  25.00      25.00      00037      43
Primary Dx: NEUROTIC DEPRESSION  S/C Condition? -      Obl.#: C89211
```

Outputs for Unauthorized Claims

Veteran Payments Output

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
Select Outputs for Unauthorized Claims Option: VETERAN Payments Output
Select Fee Basis Patient: FEEpatient,One    12-25-45    000456789    SC VETERAN
**** Date Range Selection ****

    Beginning DATE : 062406    (JUN 24, 2006)

    Ending    DATE : 062406    (JUN 24, 2006)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>    (NO)
```

```

                                VETERAN PAYMENT HISTORY
                                =====
                                Page: 1
Patient: FEEpatient,One                Patient ID: XXX-XX-6789
                                FEE PROGRAM: OUTPATIENT
('' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
Svc Date CPT-MOD      Amount    Amount    Susp      Batch Invoice Voucher
                        Claimed    Paid      Code      Num    Num    Date
=====
Vendor: FEEvendor,One                Vendor ID: 000000000
07/09/06  90050(C&P)  25.00      25.00      00037      43
    Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -    Obl.#: C89211
07/07/06  90050(C&P)  25.00      25.00      00037      43
    Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -    Obl.#: C89211
07/05/06  90050(C&P)  25.00      25.00      00037      43
    Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -    Obl.#: C89211
```

Display Unauthorized Claim

Introduction

This option is used to view unauthorized claims. Selection is made by entering the name of the submitter. The submitter may be the vendor, veteran, or other party involved in the claim.

Example

```
Select unauthorized claim: P.FEEPATIENT,ONE      06-02-34      000456789      SC VETERAN

1  FEEPATIENT,ONE      FEEVENDOR, ONE      CIVIL HOSPIT  09/01/92  APPROVED TO STABILIZA
   TREATMENT FROM: 09/01/92      TREATMENT TO: 09/03/92

2  FEEPATIENT,ONE      FEEVENDOR, ONE      CIVIL HOSPIT  06/04/93  DISPOSITIONED
   TREATMENT FROM: 06/04/93      TREATMENT TO: 06/24/93

Select the claim which you would like to display:  (1-2): 1

DATE CLAIM RECEIVED: SEP  1, 1992      FEE PROGRAM: CIVIL HOSPITAL
VETERAN: FEEPATIENT,ONE      VENDOR: FEEVENDOR, ONE
TREATMENT FROM DATE: SEP  1, 1992      TREATMENT TO DATE: SEP  3, 1992
PRIMARY SERVICE FACILITY: ALBANY VAMC
DATE VALID CLAIM RECEIVED: SEP  1, 1992
AMOUNT CLAIMED: 15000      PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED TO STABILIZATION
DATE OF DISPOSITION: SEP  3, 1992      AUTHORIZED FROM DATE: SEP  1, 1992
AUTHORIZED TO DATE: SEP  3, 1992      ENTERED BY: MARTIN
DATE ENTERED: SEP  1, 1992      DATE LETTER SENT: SEP 23, 1992
MASTER CLAIM: SEP  1, 1992      REOPEN CLAIM DATE: SEP  2, 1992
DATE OF ORIGINAL DISPOSITION: SEP  3, 1992
CLAIM SUBMITTED BY: FEEVENDOR,ONE      STATUS: DISPOSITIONED
DATE OF CURRENT STATUS: SEP  3, 1992      EXPIRATION DATE OF CLAIM: SEP 24, 1993
DIAGNOSIS: CHEST PAIN
DISCHARGE TYPE (c): DISCHARGE
```

```
< PENDING INFORMATION >

1  MEDICAL RECORDS NEEDED

Press RETURN to continue or '^' to exit: <RET>

< ASSOCIATED CLAIMS >

1  FEEPATIENT,ONE      FEEVENDOR,ONE      OUTPATIENT  09/01/92  DISPOSITIONED
   TREATMENT FROM: 09/01/92      TREATMENT TO: 09/03/92  PRIMARY CLAIM: 09/01/92
```

Utilities for Unauthorized Claims

Vendor Enter/Edit

FBAE ESTABLISH VENDOR Security Key - required to enter a new or edit an existing vendor.

Introduction

The Vendor Enter/Edit option is used to enter new vendors or edit existing vendors, and to display vendor demographics. It is used to enter Community Nursing Home vendors and all ancillary vendors who provide services under VA contract to veterans in nursing homes. A vendor cannot be deleted from the DHCP FEE BASIS VENDOR file (#161.2).

Vendors must be entered into the system before they can receive any Fee Basis payments. The Fee Basis Vendor ID Number is usually the individual's Social Security Number (SSN) or the vendor's Tax ID number. A group of physicians may be entered in the system under one ID number if they are incorporated (e.g., Dermatology Assocs., P.C., or Capital District Urologists, P.C.).

When you request a list of vendors by entering <?> at the "Select FEE BASIS VENDOR NAME:" prompt, or if multiple vendors exist with the vendor name you selected, the list displayed will indicate if the vendor is in DELETE status (flagged for Austin deletion) or Awaiting Austin Approval.

WARNING: If you are attempting to edit vendor information for a vendor flagged "Awaiting Austin Approval" anywhere in the package which allows entering a vendor or editing vendor data (e.g., prompts that ask, "ARE YOU ADDING {vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.), the following message will appear on your screen:

Current Vendor information is pending Austin processing. Changing Vendor information at this time may jeopardize the processing of the existing Master Record Adjustment!

Do you wish to continue editing this Vendor? No//

Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2).

Utilities for Unauthorized Claims Vendor Enter/Edit

Example

```
Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE
ARE YOU ADDING 'FEEVENDOR,ONE' AS
  A NEW FEE BASIS VENDOR (THE 74TH)? Y (YES)
FEE BASIS VENDOR ID NUMBER: 000666666
FEE BASIS VENDOR TYPE OF VENDOR: 8 OTHER
FEE BASIS VENDOR PART CODE: 5 COMMUNITY NURSING HOME 05
FEE BASIS VENDOR CHAIN: <RET>
FEE BASIS VENDOR NPI: <RET>
NAME: FEEVENDOR,ONE Replace <RET>
ID NUMBER: 666-66-6666// <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'): T TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): <RET>
Select SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: COMMUNITY NURSING HOME// <RET>
STREET ADDRESS: 222 BLOOMING GROVE DR
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER 083
PHONE NUMBER: 518-555-1234
FAX NUMBER: 518-555-1200
BILLING PROVIDER NPI: 1234567899<RET>
MEDICARE ID NUMBER: 777555
NUMBER OF CNH BEDS: 100
INSPECTED/ACCREDITED: B BOTH INSPECTED AND ACCREDITED
CERTIFIED MEDICARE/MEDICAID: 4 CERTIFIED FOR BOTH
DATE OF LAST ASSESSMENT: 8/1 (AUG 01, 1994)

Select FEE BASIS CNH CONTRACT NUMBER: <RET>

*** VENDOR DEMOGRAPHICS ***
==> AWAITING AUSTIN APPROVAL <==

Name: FEEVENDOR,ONE ID Number: 000666666
Billing Prov NPI: 1234567899
Address: 222 BLOOMING GROVE DR Specialty:
City: TROY Type: OTHER
State: NEW YORK Participation Code: COMMUNITY NURSING HOM
ZIP: 12180 Medicare ID Number: 777555
County: RENSSELAER Chain:
Phone: 518-555-1234
Fax: 518-555-1200
Type (FPDS):
Austin Name:
Last Change Last Change
TO Austin: FROM Austin:

>>> CNH INFORMATION <<<

Total Beds: 100 Inspected/Accredited: Inspect. & Accred.
Want to edit data? No// <RET>
Select FEE BASIS VENDOR NAME:
```

Utilities for Unauthorized Claims

Add New Person for Unauthorized Claim

XUSPF200 Security Key - entry of SSN is optional if you hold this key.

Introduction

When someone other than the veteran or vendor submits an unauthorized claim, the Add New Person for Unauthorized Claim option is used to enter the name and address of that party in the NEW PERSON file (#200).

Information asked may vary depending on what your site has entered in the KERNEL SITE PARAMETER file.

Example

```

Enter NEW PERSON's name (LAST,FIRST MI): FEEPATIENT,ONE
  ARE YOU ADDING 'FEEPATIENT,ONE' AS A NEW NEW PERSON (THE 1884TH)? Y
(YES)
Checking SOUNDEX for matches.
      FEEpatient,ONE
      FEEpatient
Do you still want to add this entry: NO// Y
Now for the Identifiers.
INITIAL: FO
SSN: 000456789
SEX: M MALE
STREET ADDRESS 1: 123 MAIN ST
STREET ADDRESS 2: <RET>
STREET ADDRESS 3: <RET>
CITY: TROY
STATE: NY NEW YORK
ZIP CODE: 12180
SSN: 000456789// <RET>

```

Utilities for Unauthorized Claims

Associate an Unauthorized Claim to a Primary

Introduction

This option is used to associate unauthorized claims to a primary unauthorized claim. Associated claims will be displayed with the primary on a lookup.

In order for claims to be associated, they must be for the same veteran and episode of care. A primary claim **without** associated claims may be associated with another primary claim. A primary claim **with** associated claims may not be associated to another primary.

Once the submitter is entered, all claims for that submitter for the same patient and episode of care are displayed. Next, you are prompted to choose the claim which you want to associate (secondary), then the claim to which it should be associated (primary). You can select one, many, or all when you select the secondary.

If you associate the new claim with a previously entered claim or group of claims, and at least one of those claims has been dispositioned, you will also be asked if you wish to disposition the new claim to the same disposition as the claim to which it is associated. When claims are associated, they are displayed with the primary claim on lookup, and in certain instances, you have the ability to update all the claims in the group at the same time.

Utilities for Unauthorized Claims

Associate an Unauthorized Claim to a Primary

Example

```

Select unauthorized claim: p.FEEPATIENT,ONE      01-16-55      000456789
SC VETERAN

      Select from the following:

1  FEEPAT,ONE      FEEVENDR,ONE      CIVIL HOSPIT      06/22/93      DISPOSITIONED
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/04/93

2  FEEPAT,ONE      FEEVENDR,ONE      CIVIL HOSPIT      05/12/93      DISPOSITIONED
   TREATMENT FROM: 04/21/93      TREATMENT TO: 04/22/93

3  FEEPAT,ONE      FEEVENDR,ONE      CIVIL HOSPIT      06/22/93      INCOMPLETE UNAUT
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/04/93

4  FEEPAT,ONE      FEEVENDR,TWO      PHARMACY          06/30/93      DISPOSITIONED
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/01/93

5  FEEPAT,ONE      FEEVENDR,ONE      CIVIL HOSPIT      06/22/93      INCOMPLETE UNAUT
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/04/93

Enter selection:  (1-5): 1
Select the unauthorized claim to which this one should be associated: 6/22
JUN 22, 1993
      1      6-22-1993  FEEPATIENT,ONE      FEEVENDR,ONE      CIVIL HOSPITAL
DISPOSITIONED      TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

      2      6-22-1993  FEEPATIENT,ONE      FEEVENDR,ONE      CIVIL HOSPITAL
INCOMPLETE UNAUT   TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

      3      6-22-1993  FEEPATIENT,ONE      FEEVENDR,ONE      CIVIL HOSPITAL
INCOMPLETE UNAUT   TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

CHOOSE 1-3: 2
At least one other claim in this group has been dispositioned.
Would you like this claim to be dispositioned to APPROVED TO STABILIZATION? NO

```

Utilities for Unauthorized Claims

Disassociate an Unauthorized Claim

Introduction

This option allows you to disassociate an unauthorized claim which has been associated to others.

Example

```
Select unauthorized claim: P.ONE,T  FEEPATIENT,ONE      04-23-13
000456789
NSC VETERAN

Select from the following:

1  FEEPATIENT,ONE      FEEVENDOR,ONE  PHARMACY    9/30/93    APPEAL DISPOSITI
   TREATMENT FROM: 9/28/93      TREATMENT TO: 9/28/93
2  FEEPATIENT,ONE      FEEVENDOR,TWO  CIVIL HOSPIT  7/2/93    APPEAL/NOTICE OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
3    DOCTOR            CIVIL HOSPIT    6/23/93    APPEAL/NOTICE OF    <7/2/93>
4    DOCTOR            CIVIL HOSPIT    7/2/93    COVA DISPOSITION    <7/2/93>
5  FEEPATIENT,ONE      FEEVENDOR,TWO  CONTRACT NUR  7/2/93    APPEAL COMPLETE/
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
6  FEEPATIENT,ONE      FEEVENDOR,ONE  OUTPATIENT    7/2/93    APPEAL DISPOSITI
   TREATMENT FROM: 1/1/93      TREATMENT TO: 1/1/93
7  FEEPATIENT,ONE      FEEVENDOR,ONE  OUTPATIENT    7/2/93    DISPOSITIONED
   TREATMENT FROM: 1/1/93      TREATMENT TO: 1/1/93

Enter RETURN for more, or Select:  (1-7): 2

2  FEEPATIENT,ONE      FEEVENDOR,ONE  CIVIL HOSPIT  7/2/93    APPEAL/NOTICE OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93

Press RETURN to continue or '^' to exit: <RET>

71  FEEPATIENT,ONE      FEEVENDOR,ONE  CIVIL HOSPIT  6/23/93    APPEAL/NOTICE OF
    TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
    DISPOSITIONED: DISAPPROVED
73  FEEPATIENT,ONE      FEEVENDOR,ONE  CIVIL HOSPIT  7/2/93    COVA DISPOSITION
    TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
    DISPOSITIONED: ABANDONED

Do you wish to disassociate claim from the above group? YES
Do you want to automatically link this claim with another group? NO
```

Utilities for Unauthorized Claims

Delete Unauthorized Claim

Introduction

The Delete Unauthorized Claim option allows you to delete unauthorized claims which have not been dispositioned. Dispositioned claims should be edited to a disposition status of CANCELED/WITHDRAWN; you cannot delete them. (Refer to Appendix B for more information about statuses.) If an unauthorized claim is deleted, any pending information on file for that claim is also deleted. If you delete a primary claim, the first secondary then becomes the primary, and all other remaining associated claims will point to the new primary.

Example

```
Select unauthorized claim: V.FEEVENDR,ONESPITAL      000000000AA  CONTRACT HOSP
                        123 ANYWHERE AVE
                        NEWTOWN, WI  09876-1265      TEL. #:  5551212

Select from the following:

1  FEEvendor,One  FEEpatient,One  CIVIL HOSPIT  05/27/93  INCOMPLETE UNAUT
   TREATMENT FROM: 04/26/93  TREATMENT TO: 04/28/93  PRIMARY CLAIM: //

2  FEEvendor,One  FEEpatient,One  OUTPATIENT      09/09/93 INCOMPLETE UNAUT
   TREATMENT FROM: 09/07/93  TREATMENT TO: 09/07/93

Enter selection:  (1-2): 1

1  FEEvendor,One  FEEpatient,One  CIVIL HOSPIT      05/27/93 INCOMPLETE UNAUT
   TREATMENT FROM: 04/26/93  TREATMENT TO: 04/28/93
Are you sure you wish to delete? Y// YES
Deleting claim...
```

Utilities for Unauthorized Claims

Return Address Display/Edit

Introduction

This option is used to display and/or edit the return address which will appear on unauthorized claim letters when letterhead is not used.

Example

```
VAMC ALBANY NY
128 HOLLAND AVE
ALBANY NEW YORK 12208

Do you wish to edit? No// YES

STATION NAME (EDITABLE): VAMC ALBANY NY// <RET>
STATION ADDRESS LINE 1: 128 HOLLAND AVE// 113 HOLLAND AVE
STATION ADDRESS LINE 2: <RET>
STATION ADDRESS LINE 3: <RET>
CITY: ALBANY// <RET>
STATE: NEW YORK// <RET>
ZIP: 12208// <RET>

Do you wish to display return address? Yes// <RET>

Press RETURN to continue or '^' to exit: <RET>

VAMC ALBANY NY
113 HOLLAND AVE
ALBANY NEW YORK 12208

Do you wish to edit? No// <RET>

Press RETURN to continue...
```

SECTION 7

STATE HOME MAIN MENU

Overview

Following is a brief description of each option contained in the State Home Main Menu.

ENTER NEW STATE HOME AUTHORIZATION – used to enter a new State Home authorization for a patient.

CHANGE A STATE HOME AUTHORIZATION – used to edit an existing State Home authorization for a patient. This option should be used to update the **TO DATE** of an authorization when a patient is discharged.

DELETE A STATE HOME AUTHORIZATION – used to delete an existing State Home authorization that was entered in error.

REINSTATE STATE HOME AUTHORIZATION – used to reinstate a previously deleted State Home authorization for a patient.

ACTIVE AUTHORIZATION REPORT – generates a report of authorizations whose **FROM DATES** and **TO DATES** overlap any portion of a user-specified date range. If the **STATE HOME** program is selected, a count of authorization days that fall within the user-specified date range will be shown. Note that the authorization **TO DATE** is not included in the count of days.

Enter New State Home Authorization

FBAE ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Enter New State Home Authorization option is used to enter a new State Home authorization for a patient. In order to enter a State Home authorization, the patient must be registered and have an eligibility status of VERIFIED or PENDING VERIFICATION. The level of care must be specified with a purpose of visit code.

The system does not allow two different State Home authorizations to have the same FROM DATE. Additionally, State Home authorizations cannot overlap except that the TO DATE of one authorization is permitted to equal the FROM DATE of another authorization.

State Home authorization data is transmitted to Central FEE in Austin via Veteran Master Record Adjustment (MRA) messages.

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding new Insurance Data/reporting Discrepancies to MCCR."

NOTE: The Enter New State Home Authorization option cannot be used to edit a previously entered authorization. An authorization can be edited through the Change a State Home Authorization option (see page 7-5 for additional information).

Enter New State Home Authorization

Example

```
Select PATIENT NAME: FEEPATIENT,One

FEEPATIENT,One                Pt.ID: 000-67-8904
123 MAIN ST                   DOB: DEC 25,1945
SALEM                         TEL: Not on File
NEW YORK 12233                CLAIM #: 3457890
                               COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance      COB  Subscriber ID      Group      Holder      Effective  Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

```
Patient Name: FEEPATIENT,One                Pt.ID: 000-67-8904

AUTHORIZATIONS:
  (1) FR: 12/01/98                VENDOR: Not Specified
      TO: 01/15/99

Authorization Type: STATE HOME
Purpose of Visit: STATE HOME ADHC
      DX:                        REF:
REF NPI:

      County: RENSSELAER PSA: Unknown

REMARKS:
test remarks.

Enter RETURN to continue or '^' to exit: <RET>
```

Enter New State Home Authorization

Example, cont.

```
Enter FROM DATE: 1/15/99 (JAN 15, 1999)
Enter TO DATE: 9/20/2001 (SEP 20, 2001)

AUTHORIZATION PURPOSE OF VISIT CODE: STATE HOME NH 89

VENDOR: BAYSIDE STATE NH          541991111 ALL OTHER PARTI
1211 WATER ST                     (Awaiting Austin Approval)
ANYWHERE, VA 23669                TEL. #: 555-5555

AUTHORIZATION REMARKS:
No existing text
Edit? NO// <RET>
```

Change a State Home Authorization

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Change a State Home Authorization option is used to edit a previously entered State Home authorization. This option should be used to update the TO DATE of an authorization when the patient is discharged. Note that the FROM DATE of an authorization cannot be edited. If an incorrect FROM DATE is entered, the authorization should be deleted with the Delete a State Home Authorization option (see page 7-8 for additional information).

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding New Insurance Data/Reporting Discrepancies to MCCR."

Change a State Home Authorization

Example

Select PATIENT NAME: **FEEPATIENT,One**

FEEPATIENT,ONE
123 MAIN ST
SALEM
NEW YORK 12233

Pt.ID: 000-67-8904
DOB: DEC 25,1945
TEL: Not on File
CLAIM #: 3457890
COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC Percent: 30%
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance COB Subscriber ID Group Holder Effective Expires

=====

No Insurance Information

Want to add NEW insurance data? No// **<RET>**

Are there any discrepancies with insurance data on file? No// **<RET>**

Patient Name: **FEEPATIENT,ONE**

Pt.ID: 000-67-8904

AUTHORIZATIONS:

(1) FR: 01/15/99 VENDOR: BAYSIDE STATE NH - 541991111
 TO: 09/20/01

 Authorization Type: STATE HOME
Purpose of Visit: STATE HOME NH
 DX: REF:
 REF NPI:

County: RENSSELAER PSA: Unknown

(2) FR: 12/01/98 VENDOR: Not Specified
 TO: 01/15/99

 Authorization Type: STATE HOME
Purpose of Visit: STATE HOME ADHC
 DX: REF:
 REF NPI:

County: RENSSELAER PSA: Unknown

REMARKS:
test remarks.

Enter RETURN to continue or '^' to exit: **<RET>**

Change a State Home Authorization

Example, cont.

```
Patient Name: FEETPATIENT,ONE                Pt.ID: 000-67-8904

Enter a number (1-2): 1

FROM DATE: Jan 15, 1999 (No Editing)
Enter TO DATE: Sep 20, 2001// T (FEB 09, 1999)
PURPOSE OF VISIT CODE: STATE HOME NH// <RET>
VENDOR: BAYSIDE STATE NH// <RET>
AUTHORIZATION REMARKS:
No existing text
Edit? NO// <RET>
```

Delete a State Home Authorization

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Delete a State Home Authorization option is used to delete a State Home authorization that was entered in error. A deleted authorization is retained on the local system with a status of AUSTIN DELETED. However, Central FEE in Austin will completely remove the deleted authorization from its database. Since a deleted authorization will be treated as if it never existed, this option should only be used to delete an authorization whose FROM DATE is incorrect.

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding New Insurance Data/Reporting Discrepancies to MCCR."

Delete a State Home Authorization

Example

```
Select PATIENT NAME: FEEPATIENT,ONE

FEEPATIENT,ONE                                Pt.ID: 000-67-8904
123 MAIN ST                                  DOB: DEC 25,1945
SALEM                                         TEL: Not on File
NEW YORK 12233                              CLAIM #: 3457890
                                              COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC Percent: 30%
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance      COB   Subscriber ID   Group   Holder   Effective   Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET> NO
Are there any discrepancies with insurance data on file? No// <RET>
```

```
Patient Name: FEEPATIENT,ONE                                Pt.ID: 000-67-8904

AUTHORIZATIONS:
(1) FR: 01/15/99      VENDOR: BAYSIDE STATE NH - 541991111
    TO: 02/10/99

Authorization Type: STATE HOME
Purpose of Visit: STATE HOME NH
REF:

DX:                                REF:
REF NPI:

County: RENSSELAER      PSA: Unknown

(2) FR: 12/01/98 VENDOR: Not Specified
    TO: 01/15/99

Authorization Type: STATE HOME
Purpose of Visit: STATE HOME ADHC
DX:                                REF:
REF NPI:

County: RENSSELAER PSA: Unknown
    >> DELETE MRA SENT TO AUSTIN ON - 02/22/99 >>

Enter RETURN to continue or '^' to exit:

Enter a number (1-2): 1
OK to DELETE the 1/15/99-2/9/99 authorization? YES
```

Reinstate State Home Authorization

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Reinstate State Home Authorization is used to reinstate a previously deleted State Home authorization. All information except the FROM DATE can be changed when a previously deleted authorization is reinstated.

Reinstate State Home Authorization

Example

```
Select PATIENT NAME: FEEPATIENT,One

FEEPATIENT,ONE                                Pt.ID: 000-67-8904
123 MAIN ST                                  DOB: DEC 25,1945
SALEM                                         TEL: Not on File
NEW YORK 12233                              CLAIM #: 3457890
                                              COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: NONE STATED

      Health Insurance: NO
Insurance   COB Subscriber ID   Group   Holder   Effective   Expires
=====
No Insurance Information

Want to add NEW insurance data? No// <RET> NO
Are there any discrepancies with insurance data on file? No// <RET> NO
```

```
Patient Name: FEEPATIENT,ONE                    Pt.ID: 000-67-8904

AUTHORIZATIONS:
(1) FR: 01/15/99 VENDOR: BAYSIDE STATE NH - 541991111
    TO: 02/10/99
Authorization Type: STATE HOME
Purpose of Visit: STATE HOME NH
DX:                REF:
REF NPI:

County: RENSSELAER PSA: Unknown
>> DELETE MRA SENT TO AUSTIN ON - 02/11/99 >>

Is this the correct Authorization period (Y/N)? Yes// YES

FROM DATE: Jan 15, 1999 (No Editing)
Enter TO DATE: Feb 10, 1999// <RET> (FEB 10, 1999)
PURPOSE OF VISIT CODE: STATE HOME NH// <RET>
VENDOR: BAYSIDE STATE NH// <RET>
AUTHORIZATION REMARKS:
  No existing text
  Edit? NO// <RET>
```

Active Authorization Report

Introduction

The Active Authorization Report option is used to generate a list of authorizations whose FROM DATES and TO DATES overlap any portion of a user-specified date range. The list is first sorted by purpose of visit, then by vendor, and finally by patient. If the report is run for the STATE HOME program, the number of authorization days that fall within the user-specified date range will be reported under the DAYS column. Note that the authorization TO DATE is not included in this value. Deleted authorizations are not included in the output since they were entered in error.

Example

```
Select State Home Main Menu Option: Active Authorization Report
Select FEE BASIS PROGRAM NAME: STATE HOME// <RET>
For ALL Purpose of Visits? Y/N? YES// <RET>
From Date: Jan 01, 1999// <RET> (JAN 01, 1999)
To Date: Jan 31, 1999// <RET> (JAN 31, 1999)
Print authorization remarks? NO// <RET>
DEVICE: HOME// <RET> UCX/TELNET RIGHT MARGIN: 80// <RET>
```

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient FEB 23, 1999@13:23:23 page 1
FROM Jan 01, 1999 TO Jan 31, 1999 FOR THE STATE HOME PROGRAM
FOR ALL PURPOSE OF VISIT(S)
```

VETERAN	Pt. ID	DAYS	AUTHORIZATION FROM DATE TO DATE

POV: STATE HOME ADHC			
Vendor: not specified			
FEEPATIENT,ONE DOB: DEC 25,1945	000-67-8904	14	Dec 01, 1998 Jan 15, 1999
	----	----	
Vendor Subtotal:	Count: 1	Days: 14	
	=====	=====	
POV Subtotal:	Count: 1	Days: 14	
Enter RETURN to continue or '^' to exit: <RET>			

Active Authorization Report**Example, cont.**

ACTIVE AUTHORIZATIONS by POV, Vendor, Patient FEB 23, 1999@13:23:23 page 2			
FROM Jan 01, 1999 TO Jan 31, 1999 FOR THE STATE HOME PROGRAM			
FOR ALL PURPOSE OF VISIT(S)			
VETERAN	Pt. ID	DAYS	AUTHORIZATION FROM DATE TO DATE

POV: STATE HOME NH			
Vendor: BAYSIDE STATE NH			
FEEPATIENT,TWO DOB: 1914	000-10-4877	31	Dec 15, 1998 Feb 09, 1999
FEEPATIENT,ONE DOB: DEC 25,1945	000-67-8904	17	Jan 15, 1999 Feb 10, 1999
	----	----	
Vendor Subtotal: Count: 2 Days: 48			
Enter RETURN to continue or '^' to exit: <RET>			

ACTIVE AUTHORIZATIONS by POV, Vendor, Patient FEB 23, 1999@13:23:23 page 3			
FROM Jan 01, 1999 TO Jan 31, 1999 FOR THE STATE HOME PROGRAM			
FOR ALL PURPOSE OF VISIT(S)			
VETERAN	Pt. ID	DAYS	AUTHORIZATION FROM DATE TO DATE

POV:STATE HOME NH (continued)			
Vendor: not specified			
FEEPATIENT,THREE DOB: MAY 5,1955	000-89-6666	31	Dec 09, 1998 Feb 01, 1999
	----	----	
Vendor Subtotal: Count: 1 Days: 31			
	=====	=====	
POV Subtotal: Count: 3 Days: 79			
4 Authorizations on report			
Enter RETURN to continue or '^' to exit: <RET>			

Glossary

Ancillary Cost	Charges associated with a 7078/Authorization for Civil Hospital not paid directly to the contract hospital (e.g., physicians, lab services, etc.).
Batch	Grouping by which fee basis bills are paid.
BVA	Board of Veterans Appeal
C&P	Compensation and Pension
COJ	Clinic of Jurisdiction
COVA	Court of Veterans Appeal
DHCP	Decentralized Hospital Computer Program
DRG	Diagnostic Related Group
IFCAP	Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement
Invoice	Statement of charges received from a vendor for Community Nursing Home, Civil Hospital, medical, or pharmacy services rendered to a veteran.
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
Legal Entitlement	Determination by the fee clerk, based on the veteran's entitlement to VA benefits, of legal eligibility for Civil Hospital.
Medical Entitlement	Determination by a VA physician, based on whether an emergency existed at the time of admission, of medical eligibility for Civil Hospital.
Military time	The method of recording time that is the standard of the United States military. See chart at the end of the Glossary for a conversion table.
MRA	Master record adjustment

Glossary

NVHS	Non-VA Hospital System
NVP	Non-VA Pricer System
Non-formulary Drug	A drug not on the routine pharmacy list for which the prescribing physician or the receiving patient must have prior approval/authorization.
Obligation Numbers	Numbers assigned by Fiscal Service representing fee monies (long term, short term, travel, etc.) against which fee basis batches are paid.
Pricer	A software package used by Austin to determine the medical reimbursement amount for a specific DRG.
PSA	Primary Service Area
<RETURN> or <RET>	The key that is pressed after each response in order to move the cursor to the next line and to enter your response into the system.
Security Code	A code assigned to the user that identifies the user to the system and allows access to different areas within the system. This includes access and verify codes as well as security keys.
Special Key	A key that instructs the system to perform a function. For instance, the <RET> key not only moves you to the next prompt, it also enters the information you have just keyed into the system.
Suspension Letter	Letter sent to vendors informing them of the difference between amount charged and amount paid and the reason why.
Unauthorized Claim	Payment for expenses of inpatient medical services obtained by eligible veterans without prior authorization from the VA.
Up-arrow <^>	The upper case character on the number "six" key. It is used as a special function key.
Vendor	Any provider of care (e.g., doctors, hospitals, pharmacies, etc.)

MILITARY TIME CONVERSION TABLE

STANDARD	MILITARY
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
9:00 PM	2100 HOURS
8:00 PM	2000 HOURS
7:00 PM	1900 HOURS
6:00 PM	1800 HOURS
5:00 PM	1700 HOURS
4:00 PM	1600 HOURS
3:00 PM	1500 HOURS
2:00 PM	1400 HOURS
1:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
9:00 AM	0900 HOURS
8:00 AM	0800 HOURS
7:00 AM	0700 HOURS
6:00 AM	0600 HOURS
5:00 AM	0500 HOURS
4:00 AM	0400 HOURS
3:00 AM	0300 HOURS
2:00 AM	0200 HOURS
1:00 AM	0100 HOURS

ADDING NEW INSURANCE DATA/ REPORTING DISCREPANCIES TO MCCR

New insurance data can be entered through several Fee Basis options by answering YES at the "Want to add NEW insurance data?" prompt. Following is an example of the prompts that will appear on your screen and a sample mail bulletin. A double question mark <??> can be entered at most prompts for an explanation of what is required and, when applicable, a list of possible responses. As in other screen examples, user responses are shown in boldface type.

```

Want to add NEW insurance data? No// YES
COVERED BY HEALTH INSURANCE?: NO// Y YES
Select INSURANCE COMPANY: BLUE CROSS/BLUE SHIELD          PO BOX 660175
DALLAS          TEXAS          Y

Each Insurance policy entry for a patient must be associated with a
Group Insurance Plan for the Insurance company you just selected.
You will be given a choice of selecting previously entered Group Plans or
you may enter a new one.  If you enter a new Group Insurance Plan you
must enter whether or not this is a group or individual plan.

Select GROUP INSURANCE PLAN: AMERICAN AIRLINES  BLUE CROSS/BLUE SHIELD
Group Policy      Group Name: AMERICAN AIRLINES      Group No: 38-22-36      PO
BOX 660175      DALLAS      TEXAS      Y
...OK? YES// <RET>

Now you may enter the patient specific policy information.
Most of these fields will be familiar to experienced users.  The field
'SUBSCRIBER ID' used to be called 'INSURANCE NUMBER' and
has been modified to allow entering just 'SS' to retrieve
the patients SSN.  This field is the identifier for the policy or patient
that the carrier uses.  See the new help.

INSURANCE TYPE: BLUE CROSS/BLUE SHIELD// <RET>
EFFECTIVE DATE OF POLICY: 1/1/94  (JAN 01, 1994)
INSURANCE EXPIRATION DATE: 12/31/94  (DEC 31, 1994)
WHOSE INSURANCE: VETERAN  FEEPATIENT,ONE      03-01-44      000456789      NSC
VETERAN
SUBSCRIBER ID: SS  000000000
SOURCE OF INFORMATION: INTERVIEW// <RET>

You can now edit information specific to the Group PLAN.  Remember, updating
PLAN information will affect all patients with this plan, not just
the current patient.

GROUP NAME: AMERICAN AIRLINES//  (No Editing)
GROUP NUMBER: 38-22-36//  (No Editing)
TYPE OF PLAN: MAJOR MEDICAL EXPENSE INSURANCE// <RET>
IS UTILIZATION REVIEW REQUIRED: YES// <RET>
IS PRE-CERTIFICATION REQUIRED?: YES// <RET>
EXCLUDE PRE-EXISTING CONDITION: YES// <RET>
BENEFITS ASSIGNABLE?: YES// <RET>

```

ADDING NEW INSURANCE DATA/ REPORTING DISCREPANCIES TO MCCR

```
Select INSURANCE COMPANY: <RET>
Are there any discrepancies with insurance data on file? No// YES
Enter description of change: Difference in address - P.O. Box 606175
```

Sample Mail Bulletin

```
Subj: FEE NOTIFICATION OF INSURANCE CHANGE [#51138] 12 Jan 95 10:55 5 Lines
From: MARY ELLEN          in 'IN' basket.    Page 1
-----
```

There appears to be a change of insurance information
for FEEPATIENT,ONE with PT.ID of 000-45-6789.
The explanation of change is as follows:

Difference in address - P.O. Box 606175

```
Select MESSAGE Action: IGNORE (in IN basket)//
```

TABLE OF FEE BASIS UNAUTHORIZED CLAIMS STATUSES

STATUS ORDER	STATUS NAME	ACTIVE?	DESCRIPTION	DAYS PRIOR EXPIRATION
5	INITIAL ENTRY	YES	<p>The unauthorized claim has been received at the facility, but is pending review to determine if the claim is complete, in which case it would progress to COMPLETE/PENDING REVIEW status. If further information is required, it would progress to INCOMPLETE status. A claim in the INITIAL ENTRY status is not currently being acted upon.</p> <p>A parameter in the FEE BASIS SITE PARAMETERS file (#161.4) determines if this status is used.</p>	
10*	INCOMPLETE UNAUTHORIZED CLAIM*	YES	The unauthorized claim is not complete, and therefore invalid. The claim is considered incomplete and cannot proceed to the next status, COMPLETE/PENDING REVIEW, until all the requested information has been received.	366
20	PENDING - REASON UNKNOWN	NO	Prior to version 3 of FEE, unauthorized claims could have been pending for either additional information from the requestor, medical review, or other reason. Any unauthorized claim having this inactive status should be updated to an active status.	
30	COMPLETE/PENDING REVIEW	YES	The unauthorized claim is pending disposition upon completion of legal/medical/PSA review. A claim is updated to this status if it is received as complete or edited, and no requested information is outstanding.	
40*	DISPOSITIONED*	YES	The unauthorized claim has been dispositioned.	366
50	APPEAL/NOTICE OF DISAGREE RECV	YES	<p>The disposition of the unauthorized claim is being appealed. The Notice of Disagreement letter has been received by the submitter of the appeal. The statement of the case must be issued, and a response received, before the appeal can be complete for review. The appeal application is incomplete.</p> <p>Entry of NOTICE OF DISAGREEMENT RECV'D will trigger this status.</p>	

*When a claim goes through this status, a letter will be generated.

TABLE OF FEE BASIS UNAUTHORIZED CLAIMS STATUSES

STATUS ORDER	STATUS NAME	ACTIVE?	DESCRIPTION	DAYS PRIOR EXPIRATION
55	APPEAL/ISSUED STATEMENT OF CASE	YES	The statement of the case has been issued to the submitter. A response must be submitted within the appropriate time frame for the appeal to be considered. The appeal is considered incomplete for review until the response is received. Entry of STATEMENT OF THE CASE ISSUED will trigger this status.	366
60	APPEAL COMPLETE/PENDING REVIEW	YES	The appeal to the unauthorized claim is complete and pending review. Entry of DATE SUBSTANTIVE APPEAL RECD will trigger this status.	
70*	APPEAL DISPOSITIONED*	YES	The appeal to the unauthorized claim has been dispositioned. Entry of DATE APPEAL DISPOSITIONED will trigger this status.	121
80	COVA APPEAL	YES	The decision by the Board of Veterans Appeals (BVA) is being appealed. Entry of DATE APPEALED TO COVA will trigger this status.	
90*	COVA DISPOSITION*	YES	The decision by the Court of Veterans Appeals (COVA) has been made, and the COVA appeal has been dispositioned. Entry of DATE COVA APPEAL DISPOSITIONED will trigger this status.	

*When a claim goes through this status, a letter will be generated.

FEE BASIS MAIL BULLETINS

The following is an example of a MRA Server bulletin:

```

Subj: Server Request Notice [#4739656] 10 Nov 93 09:29 EDT 42 Lines
From: <POSTMASTER@INDIANAPOLIS.VA.GOV> in 'IN' basket. Page 1
-----

Nov. 10, 1993 9:29 AM

A request for execution of a server option has been received.

Sender: POSTMASTER@FOC-AUSTIN.VA.GOV
Option name: FBAA MRA SERVER
Subject: FEE/LSU #932161548108467
Message #: 2446861

Comments: No errors detected by the Menu System.

This is the server bulletin XQSERVER
Total Vendor MRA's Received: 11 Processed: 4 Errors: 7
ADDS: 4
CHANGES: 7
UNSOLICITED ADDS: 0

```

```

Subj: Server Request Notice [#4739656] Page 2
-----
*** 7 Errors detected by FEE while processing the above server message. ***

==> ERROR CODE 1: Invalid Vendor ID
Action necessary. Refer to the Vendor Error Code documentation.

TESTING DMK T99873764
TEST 4 CNH 98765432A

==> ERROR CODE 2: Invalid Record Length
Action necessary. Refer to the Vendor Error Code documentation.

1C516 876351098 05CNH TEST REASON ROAD
NASHUA NH000000000 015BTYC000000005161241$

==> ERROR CODE 3: Invalid Station Number
Action may be necessary. Refer to the Vendor Error Code documentation.

```

```

Subj: Server Request Notice [#4739656] Page 3
-----
FEEVENDOR,ONE 000778665 8766
TAKE 5 000789809 0000

==> ERROR CODE 4.1: Vendor not found in file or in DELETE status.
Information only. Refer to the Vendor Error Code documentation.

FEEVENDOR,ONE 000555556
FEEVENDOR,TWO 000555556

Select MESSAGE Action: IGNORE (in IN basket)//

```

NOTE: Vendor Error Code documentation is located in Appendix F of this manual.

MULTIPLE RATES FOR CNH VENDORS

The existence of two rates (Intermediate and Skilled) for a Community Nursing Home (CNH) vendor no longer exists. Now, a facility may negotiate as many rates per contract as is necessary. DHCP will handle this by allowing you to enter as many rates as is necessary when entering a contract for a Fee Basis vendor. All previous skilled and intermediate rates have been populated into the new rate structure for existing contracts.

When entering rates for vendors, use the option Update Vendor Contract/Rates - CNH, which is under the Community Nursing Home Main Menu. This option is not locked with the supervisor key; therefore, it may be used by any Fee Basis user. If you make an error entering rates, you may delete the rates by using the Delete CNH Rate option, which is under the Authorization Main Menu - CNH. This option will only allow deletion of a CNH rate if no payments have been associated with the rate at the time of deletion.

When entering a CNH authorization, a corresponding entry is made in the FEE BASIS CNH RATE file (#161.22) for the rate chosen. The time frame associated with the rate begins with the AUTHORIZATION FROM DATE and extends to the authorization TO DATE OR the CONTRACT EXPIRATION DATE, whichever is earlier. If the rate covers the entire authorization, no further action is necessary.

If the rate is only established for the duration of the vendor's contract, payments for that authorization will not be possible once the contract has expired. When DHCP is updated after extending a vendor's contract or negotiating a new contract, you will need to extend the rates for all veterans whose AUTHORIZATION TO DATE extends beyond the original CONTRACT EXPIRATION DATE. To do this, you must run the Enter Veteran Rates under new Vendor Contract option, which is under the Authorization Main Menu - CNH. This option will prompt you to select the vendor, and it will, in turn, find all veterans whose AUTHORIZATION TO DATE extends beyond the original CONTRACT EXPIRATION DATE. It will display each veteran and allow you to choose a rate from the new contract to associate with the new time frame. If the new rate established does not cover the remaining portion of the authorization, this step will be repeated when the rate is again extended, or a new contract is negotiated.

MULTIPLE RATES FOR CNH VENDORS, cont.

At times, it becomes necessary to change the rate associated with an authorization, due to changes in the complexity levels of care for a given patient. To do this, you may run the Change Existing Contract Rate for a Patient option, which is under the Authorization Main Menu - CNH. This option will display all rates associated with a particular authorization. If a change is necessary, the option will prompt for an effective date for the change, as well as a new rate for the time frame. It will then create a new rate entry in the FEE BASIS CNH RATE file (#161.22), beginning with the effective date, and going to the next rate assigned OR the rate ending date, whichever is earlier. The new rates will again be displayed on your screen after the changes have been made.

FEE BASIS/FMS VENDORIZING OVERVIEW

Introduction

Prior to V. 3.0 of DHCP Fee Basis, there were three vendor files with which Fee users worked. These vendor files reside at:

- Austin Finance Center (CALM)
- Austin Automation Center (Central Fee)
- Local site (FEE BASIS VENDOR file (#161.2), also known as Local Fee)

There were options in the Fee Basis package which allowed you to affect any of these files. The Add type Vendor MRA or the Change type Vendor MRA affected both the CALM and Central Fee files. You would use these if your local file was correct and you wished to update both of the other files. The Fee Only Vendor Add MRA or Fee Only Vendor Change MRA were used if your local file and CALM were correct and you wished to update **only** the Central Fee file. Also, any edit you made to your local file would automatically get saved and transmitted to the Central Fee file whenever you queued data for transmission to Austin. Whenever you added a vendor, you normally signed into TSO and into CALM to verify the vendor ID, and then sent in your request via FAX to the Vendorizing Unit.

Having 173 different vendor files (each file at the medical station plus the two in Austin) often resulted in inconsistent data among the various files. As the CALM system was being phased into FMS system, it was an opportune time to consolidate both the files and the update of the files.

Vendorizing

The current methods of vendorizing should reduce the number of payment rejects, as well as eliminate the need for dialing into Austin prior to adding a new vendor. Faxes will also be eliminated.

If you wish to add a new vendor to or edit an existing vendor in the FEE BASIS VENDOR file (#161.2) you should use the Display,Enter,Edit Demographics option in the Vendor Menu. As in previous versions, you must have the appropriate security key and the site parameters must be set accordingly. If your FEE BASIS VENDOR file (#161.2) is correct, but you wish to update the FMS VENDOR file (now used by both CALM and Central Fee), you should use the Update FMS Vendor File in Austin option, located on the Vendor MRA Main Menu.

FEE BASIS/FMS VENDORIZING OVERVIEW, cont.

The Update FMS Vendor File in Austin option replaces the following options that were used in prior versions of the Fee Basis software:

- Add type Vendor MRA
- Change type Vendor MRA
- Fee Only Vendor Add MRA
- Fee Only Vendor Change MRA

Use of the Display, Enter, Edit Demographics or Update FMS Vendor File in Austin options will result in the vendor information being transmitted to Austin whenever you use the Queue Data for Transmission option, as well as anywhere in the package which allows entering a vendor or editing vendor data (e.g., prompts that ask, "ARE YOU ADDING {vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.).

HIGHLIGHTS OF FEE BASIS VENDORIZING

- Austin will receive an **Add** transaction if you entered a new vendor into your FEE BASIS VENDOR file (#161.2). Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If you added a new entry on the DHCP system, Austin will pass back the information to you, in some instances changing the information that you sent (including the vendor ID base nine and/or suffix). (If you sent down a new vendor at street address yyy, and a nine digit vendor ID, it may come back with a suffix to the vendor ID to indicate an alternate address, because the original vendor ID already exists for that same vendor at street address xxx.)
- Austin will receive a **Change** if you used the Update FMS Vendor File in Austin option. Use this update option **only** when the existing vendor information is on your system, but **not** in the FMS system, **or** the information is **incorrect** on the FMS system. The information on the existing vendor entry is sent to Austin (no new vendor is created in the FEE BASIS VENDOR file [#161.2]). Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If you updated the FMS VENDOR file, Austin will pass back the information to you, in some instances changing the information that you sent (including the vendor ID base nine and/or suffix). Due to some inexplicable reason, the accurate vendor information which exists on your system is either missing from the FMS and/or CENTRAL FEE files, or is inaccurate on the FMS and CENTRAL FEE files. This option provides a mechanism for updating the FMS and CENTRAL FEE files with the accurate information from your file.

FEE BASIS/FMS VENDORIZING OVERVIEW, cont.

- If you have edited the vendor information, a new entry is created in your FEE BASIS VENDOR file (#161.2), but Austin will receive a **Change** transaction. The current vendor information is transmitted to Austin. Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If Austin simply changes its file with the information which you sent, the **same** information will be passed back to you. The new entry in your FEE BASIS VENDOR file (#161.2) will be deleted, and anything pointing to the new entry (such as payments) will be re-pointed to the pre-existing vendor. If Austin changes either the base nine of the vendor ID or the suffix, you will receive an **Unsolicited Add** from Austin. This means that the new entry which was added to your vendor file will remain.
- All transactions returned by Austin occur automatically through the use of a server option (FBAA MRA SERVER). The server processes the messages returned by Austin and delivers a server request bulletin message to the FEE Mail Group. (Refer to Appendix C for examples.) There is no need to retain these messages, unless the comments portion indicates that an error has occurred, or that a task needs to be scheduled. Whenever your Server Request Bulletin contains this information, you should notify your IRM representative **immediately**.
- Until what you have transmitted to Austin has been returned by Austin and successfully processed, you will see a message "Awaiting Austin Approval" as part of the vendor identifiers whenever you access that vendor with the Fee Basis package. You will not be able to release a batch for payment which contains a vendor in such a status, and therefore will not be able to process a payment. The turnaround time from the time you transmit your request to the time you receive it back from Austin should be 24 hours. You should contact the Vendorizing Unit in Austin if it has been longer than 24 hours, especially if it hampers a payment.

WARNING: Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2). It is imperative that you responsibly edit a vendor only when you are sure that the vendor information has changed, and add a vendor when you wish to designate a new office location in addition to what is already on file.

VENDOR ERROR CODES

You may see the following error codes in your MRA Server Bulletins:

ERROR CODE	1	INVALID VENDOR ID
ERROR CODE	2	INVALID RECORD LENGTH
ERROR CODE	3	INVALID STATION NUMBER
ERROR CODE	4	VENDOR NAMES DO NOT MATCH
ERROR CODE	4.1	VENDOR CHANGE FROM ANOTHER STATION NOT FOUND IN FILE
ERROR CODE	5	VENDOR CHANGE ALREADY PROCESSED

The following information includes explanations of the above codes, and how they can be resolved:

ERROR CODE 1 INVALID VENDOR ID ***** ACTION NECESSARY *****

EXPLANATION: **The first nine characters of a Fee Basis Vendor ID must be numeric only.** It is possible for FMS to send back an invalid ID, as they have vendors on their system with the first nine characters alphanumeric. They picked up these invalid vendor IDs from the CALM system, which had been modified from all numeric to alphanumeric. The FMS system does not allow modification of the vendor ID.

RESOLUTION: Contact the FMS Help Desk at (512) 389-5109 to let them know what you received.

Note the date on which you transmitted the vendor record to Austin. When all other vendor records have been received (the date does not appear on the output of MRA's Awaiting Austin Approval), then re-transmit MRAs for that date.

VENDOR ERROR CODES, cont.

ERROR CODE 2 INVALID RECORD LENGTH

******* ACTION NECESSARY *******

EXPLANATION: A Medical vendor and a Pharmacy vendor have two different record lengths. The record length for each is a fixed length. Medical or Pharmacy vendor records which deviate from their fixed length cannot be processed, since the position of the data may have shifted. This may lead to corruption of the data.

RESOLUTION: **Contact the Central Fee Help Unit at the Austin Automation Center (512-326-6147) and notify them of the problem immediately.** They may be able to re-transmit the server message. If the message which they sent was bad, or they no longer have the message to send, re-transmit that vendor record for the date you originally sent it to them. You may do this as long as no other vendors that are still Awaiting Austin Approval were sent on that same date. (Use the MRA's Awaiting Austin Approval option on the Medical Fee Supervisor Main Menu to check this.)

ERROR CODE 3 INVALID STATION NUMBER

******* ACTION MAY BE NECESSARY *******

EXPLANATION: This error is only possible if you are receiving an **Add** transaction from Austin and the station number on the **Add** transaction differs from the station number indicated by the PSA DEFAULT INSTITUTION field in your FEE BASIS SITE PARAMETERS file (# 161.4).

RESOLUTION: **Contact the Central Fee Help Unit at the Austin Automation Center (512-326-6147) and notify them of the problem immediately.** If the vendor transactions should not have been sent to you, then you can ignore this problem. If what was sent is accurate, check the PSA DEFAULT INSTITUTION field in your FEE BASIS SITE PARAMETERS file (# 161.4). If the site parameter is correct, contact the ISC; further analysis is needed. If it is incorrect, request that the server message be re-transmitted. If they no longer have the message to send, re-transmit that vendor record for the date you originally sent it to them. You may do this as long as no other vendors that are still Awaiting Austin Approval were sent on that same date. (Use the MRA's Awaiting Austin Approval option on the Medical Fee Supervisor Main Menu to check this.)

VENDOR ERROR CODES, cont.**ERROR CODE 4 VENDOR NAMES DO NOT MATCH**
******* INFORMATION ONLY *******

EXPLANATION: This message is only likely to occur during the upload. It is possible for two vendors to exist with the same vendor ID. For one vendor, it may be a Tax ID number; for the other, an SSN. For changes made by another station, the Vendor ID is used to locate the vendor on your system. It's possible that the change is for the vendor with this number as a Tax ID number, but your file only contains the vendor with this number as an SSN.

Example:	Test Hospital	Tax ID:	000456789
	Dr. Test	SSN:	000456789

RESOLUTION: Informative message only. No further action is necessary.

ERROR CODE 4.1 VENDOR NOT FOUND IN FILE OR IN DELETE STATUS
******* INFORMATION ONLY *******

EXPLANATION: If a change is made to a vendor at another station, the change is routed to your station if it is believed that you also use that vendor. The Vendor ID is used to locate the vendor on your system. If the vendor does not exist on your system, or the Vendor ID has been changed, or the vendor is in DELETE status, the vendor in your FEE BASIS VENDOR file (#161.2) is not updated.

RESOLUTION: Informative message only. No further action is necessary.

ERROR CODE 5 VENDOR CHANGE ALREADY PROCESSED
******* INFORMATION ONLY *******

EXPLANATION: When a change to a vendor is made or a new vendor added, the vendor is temporarily added into the FEE BASIS VENDOR CORRECTION file (# 161.25). It is deleted from this file once Austin returns a transaction containing that vendor, and no other errors are found. If no entry is found in this file, nothing can be processed. It is most likely that it has already been processed.

RESOLUTION: Informative message only. No further action is necessary.

MRA AND PAYMENT MESSAGES

Following are samples of the type of mail messages automatically generated when a vendor or veteran record is adjusted or when the Queue Data for Transmission option is used to transmit payment batches. Please refer to the attachment following these samples for a description of record layout and content.

Medical Vendor MRA - Batch Type C1

```

Subj: FEE BASIS MESSAGE # 1 [#120201] 04 Jan 95 08:43 3 Lines
From: MARY ELLEN (ALBANY ISC) in 'MRA' basket. Page 1
-----
FENC1010495500 00193$
1A500 000929292 1 02FEEVENDOR,ONE 111
TROY NY111110000 083BTYC000
000000500107$
1A500 000333333 1 06FEEVENDOR,TWO
TROY NY222220000 083BTYC000
000000500108$

Select MESSAGE Action: IGNORE (in IN basket)//

```

Veteran MRA - Batch Type C2

```

Subj: FEE BASIS MESSAGE # 2 [#120206] 04 Jan 95 13:55 2 Lines
From: MARY ELLEN (ALBANY ISC) in 'MRA' basket. Page 1
-----
FENC2010495500 00200$
CA500 000456789 ONE FEEPATIENT 32 SMYTH RD MANCHESTER NH03
102134501019402019401102222241 012000000 2$

Select MESSAGE Action: IGNORE (in IN basket)//

```

Pharmacy Vendor MRA - Batch Type C4

```

Subj: FEE BASIS MESSAGE # 3 [#120212] 04 Jan 95 16:08 2 Lines
From: MARY ELLEN (ALBANY ISC) in 'IN' basket. Page 1
-----
FENC4010495500 00208$
4C500 00045678900001FEEVENDOR,ONE 123 MAIN AVE
TROY NY121800000 083BTYC0000000
00050021$

Select MESSAGE Action: IGNORE (in IN basket)//

```

MRA AND PAYMENT MESSAGES, cont.

Inpatient Medical Payment - Batch Type B9

```

Subj: FEE BASIS MESSAGE # 4 [#5253724] 18 Jan 95 10:54 EST 2 Lines
From: <BARBARA@VERITG.ISC-ALBANY.VA.GOV> in 'IN' basket. Page 1 **N*
-----

FENB9011895500 003640000002200C3 $
9500 012126522 VF TEST 000000000 000022005003 3010121994122594011795
000000619543222FA1033370800005000 401.1
000000000000000000000619123094 00002200000030
00 46 $

Select MESSAGE Action: IGNORE (in IN basket)//

```

Outpatient Medical Payment - Batch Type B3

```

Subj: FEE BASIS MESSAGE # 5 [#5253744] 18 Jan 95 11:04 EST 2 Lines
From: <BARBARA@VERITG.ISC-ALBANY.VA.GOV> in 'IN' basket. Page 1 **N*
-----

FENB3011895500 004240000001000C3 $
3500 012126522 VF TEST 987098098 000010005003H0310011095101189500000
0621FA1033370800005001010011 401.10 00000000000000000000448^13^2^1011
695$

Select MESSAGE Action: IGNORE (in IN basket)//

```

Travel Payment - Batch Type BT

```

Subj: FEE BASIS MESSAGE # 6 [#5253753] 18 Jan 95 11:06 EST 2 Lines
From: <BARBARA@VERITG.ISC-ALBANY.VA.GOV> in 'IN' basket. Page 1 **N*
-----

FENBT011895500 004250000001000C3 $
T500 012126522 TF TEST 0000100050030112950 000000000000000000000000
00448^1011295$

Select MESSAGE Action: IGNORE (in IN basket)//

```

Pharmacy Payment - Batch Type B5

```

Subj: FEE BASIS MESSAGE # 3 [#5254070] 18 Jan 95 14:51 EST 2 Lines
From: <BARBARA@VERITG.ISC-ALBANY.VA.GOV> in 'IN' basket. Page 1 **N*
-----

FENB5011895500 004460000000200C3 $
5500 012126522 VF TEST 987098000456789000200 5003 01089500L38333
011895000000627FA1033370800005000 000000000000000000000000627^1011595$

Select MESSAGE Action: IGNORE (in IN basket)//

```


LIST MANAGER

The List Manager is a tool that displays a list of items in a screen format and provides the following functionality.

- browse through the list
- select items that need action
- take action against those items
- select other List Manager actions without leaving the option

You can select an action and entry number by using an equals sign (=), for example:

LB=1 will process entry 1 for list batch
LB=3 4 5 will process entries 3, 4, 5 for list batch
LB=1-3 will process entries 1, 2, 3 for list batch

In addition to the various actions that may be available specific to the option you are working in, List Manager provides generic actions applicable to any List Manager screen. You may enter double question marks (??) at the "Select Action" prompt for a list of all actions available.

On the following page is a list of basic List Manager actions with a brief description. The list may have been altered by the specific package you are working in. The mnemonic for each action is shown in brackets [] following the action name. Entering the mnemonic is the quickest way to select an action.

LIST MANAGER, cont.

Action	Description
Next Screen [+]	move to the next screen
Previous Screen [-]	move to the previous screen
Up a Line [UP]	move up one line
Down a Line [DN]	move down one line
Shift View to Right [>]	move the screen to the right if the screen width is more then 80 characters
Shift View to Left [<]	move the screen to the left if the screen width is more then 80 characters
First Screen [FS]	move to the first screen
Last Screen [LS]	move to the last screen
Go to Page [GO]	move to any selected page in the list
Re Display Screen [RD]	redisplay the current screen
Print Screen [PS]	prints the header and the portion of the list currently displayed
Print List [PL]	prints the list of entries currently displayed
Search List [SL]	finds selected text in list of entries
Auto Display(On/Off) [ADPL]	toggles the menu of actions to be displayed/not displayed automatically
Quit [QU]	exits the screen